



Factors Affecting Smoker Visits In Upaya Berhenti Merokok Clinics

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Received: 07 July 2021/Accepted:15 October 2021/Published Online: 1 February 2022

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Abstract

Upaya Berhenti Merokok Clinic is one of program from public health center which given from government. This clinic contains the smoke-free area and to help smokers who want to quit smoking. The objectives of this analyzing factor that influence the smoker visits in Upaya Berhenti Merokok clinics. In this research, the researcher uses descriptive quantitative research as approach. The method of research is analytical survey while the type of research is cross sectional. Total population of 187 people and using a sample of 126 people. The result of chi-square test shows that was a significant correlation between independent variable was knowledge (p-value = 0,003), intention (p-value = 0,001), attitude (p-value = 0,002), self-motivation (p-value = 0,010), and family support (p-value = 0,014) on smoker visits. And the results of the regressi logistic test most influential variables which are knowledge (p-value = 0.061), attitude (p-value of 0.060), self-motivation (p-value = 0,0153). The most influential variable was attitude with a result of 3,713 meaning that the attitude variable which are the most influential on smokers visit. From this study, the researcher concluded that the great effect on active smoker who visited on Upaya Berhenti Merokok clinics at Tawangrejo primary health center was attitude.

Keywords: Smokers; Upaya Berhenti Merokok Clinics

INTRODUCTION

Smoking is a major public health problem both in the world and in Indonesia. Indonesia is the country with the largest cigarette consumption in the world ranked third after China and India. The increase in cigarette consumption has an impact on the higher burden of diseases caused by cigarettes and the increasing death rate from cigarettes. Smokers seem to not care that smoking is a habit that is very detrimental to the health of both smokers and people around it, smoking habits are very difficult to stop because of the effects of dependence caused by nicotine.

In line with the above facts, one of the habits commonly practiced by people in Indonesia by two out of three adult men is smoking, It is very easy to find people who smoke in daily life, be it indoors, at various meetings, or also in public facilities that should be free of cigarette smoke (Firzawati, 2015) According to the results Riset Kesehatan Dasar 2013 in Indonesia, the increase in smoker consumption reached 29.3% of smokers aged ≥ 10 years. According to Riset Kesehatan Dasar 2018 concerning smokers aged ≥ 10 years reached 28.8%. Cases surrounding the increase in smoking in adolescents are increasingly seen from year to year. According to the results of Riset Kesehatan Dasar 2018 shows that the prevalence of smoking in the 18-year-old population increased

from 7.2% to 9.1%, while according to the results of a global survey of school-based student health in 2017 regarding smokers in adolescent boys reached 22%.(Kementerian Kesehatan Republik Indonesia, 2019)

According to the Badan Pusat Statistika in Indonesia, cigarette consumption data in adolescents aged ≥ 15 years in 2017 reached 29.25% and in 2018 reached 32.20% that means an increase of 2.95% from 2017 to 2018. Data in East Java according to the Badan Pusat Statistika on cigarette consumption in adolescents aged ≥ 15 years in 2017 reached 27.69% and in 2018 reached 30.66%. Data in East Java also increased by 2.97% in adolescents.(Badan Pusat Statistika, 2018)

Data from Health Profile Madiun City taken based on the results of the Riset Kesehatan Dasar 2018 survey, shows the number of active smokers 22.7% per day, then smokers sometimes 4.2%, and former smokers 5.7%. Looking at the results of the annual survey Riskesdas which shows the results on the high number of smokers and the death rate from smoking the government made a policy on Non-Smoking Area.(Riset Kesehatan Kota Madiun, 2018)

Data from health promotion of Tawangrejo Primary Health Center obtained from healthy family survey indicators of smoking, in 4 villages namely Tawangrejo Village, Kelun Village, Rejomulyo Village, Pilangbango Village. The results of a healthy family survey of smoking indicators in 2020 showed the number of active smokers 70.16% as many as 1613 people .The data showed an increase in active smokers from the previous year in 2019, there were 66.76% active smokers as many as 1435 people.(Data Health Promotion of Tawangrejo Primary Health Center, 2020)

Deaths from smoking in Indonesia. In 1990, the highest cause of death was from infectious diseases. Since 2017 the highest contributor to death is

non-communicable diseases, one of which is the risk factor is the lifestyle of smoking. The average prevalence of stroke is at least 10.9% as many as 14 provinces are above the national average. All provinces on the island of Java and most provinces on the island of Kalimantan are above the national average. The average prevalence of diabetes mellitus is 1.5% as many as 12 provinces are above the national average. Most of the spread of diabetes prevalence above the national average is on the island of Java (except West Java). The national cancer prevalence average of 1.79% as many as 12 provinces is above the national average. Java island has the most provinces with cancer prevalence above the national average (D.I Yogyakarta, DKI Jakarta, Central Java, and East Java) compared to other islands. The national death rate from smoking is 88 people per 100,000 as many as 10 provinces are above the national average mortality rate (TCSC IAKMI, 2020)

Seeing the high number of smokers in the government community making policies in addressing the problem, the Government's decision is contained in the MoU between the Ministry of Home Affairs and the Ministry of Health which emphasizes the implementation of non-smoking areas. The joint regulation is stated in the Regulation of the Minister of Health No. 188 / Menkes / PB / 1/2011 and Number 7 of 2011 on Guidelines for the Implementation of Non-Smoking Areas. Areas without cigarettes are the responsibility of the entire nation, both individuals, communities and governments to protect generations to come. With the regulation, the implementation of non-smoking areas, the implementation of programs carried out by health centers in the form of stop smoking clinic services. The Stop Smoking Clinic is an effort to help smokers quit smoking (Kementerian Kesehatan Republik Indonesia, 2019)

The results of the study from (Gonggo, 2015), stated that the factors that support the success of UBM clinics in dealing with active smokers to quit smoking are influenced by self-intentions and support from families. The results of the study from (Rabiatul, 2018), stated in his research in an effort to quit smoking is not an easy thing to do by smokers, in the process the things that affect its success are the intentions of the smoker himself, motivation and self-efficacy.

Based on the description above, with the increase of active smokers there needs to be action to visit in upayaberhentimerokok clinic and provide motivation, socialization and counseling for the community to change the behavior of smoking habits. A smoker has a reason for difficulty in stop smoking, so smoking activity is still done despite efforts in various ways to be able to quit. One of the efforts made in upayaberhentimerokok clinic are counseling, co-level examination, and blood pressure examination.

METHOD

This research is a type of descriptive quantitative research with the design of analytical survey methods with a cross sectional approach. The population in this study is all active smokers who live in Tawangrejo Village, Tawangrejo Primary Health Center. Total population of 187 people and using a sample of 126 people. Sampling techniques using simple random sampling with inclusion criteria are respondents who are willing to be used as respondents and respondents are active smokers who consume cigarettes every day in the last six months and still smoke at the time of the study.

Independent variables in this study are knowledge, intention, attitude, self-motivation, and family support, while the dependent variables in this study are the visits of smokers at upaya berhenti

merokok clinics. This research was conducted in April 2021 for three days. Data collection techniques using questionnaires and interviews to respondents. The questionnaires has ben validated and in the questionnaire there are 5 variables of smoker visits with a total of 1 point, knowledge with a total of 7 points, intentions with a total of 4 points, attitudes with a total of 6 points, self-motivation with a total of 3 points , self-motivation with a total of 3 points and family support with a total of 4 points. Data analysis techniques using bivariate analysis with chi-square test aims to conclude whether or not the relationship between two categorical variables and multivariate analysis with logistic regression test aims to know which variables are most influential with dependent variables. Research ethics in this study is not to include the identity of the respondent so that confidentiality is maintained. The urgency in this study is different from other studies due to different places and times and this study using the *cross sectional* method and using *logistic regression* test.

RESULTS AND DISSCUSSION

From the results of the chi-square test there are 5 variables have an influence on the smoker visits in upayaberhentimerokok clinic and from the logistic regression test there is 1 variable that has the most effect on the smoker visits in upayaberhentimerokok clinic.

Table.1 The Effect of Knowledge on Smoker Visits at Upaya Berhenti Merokok clinics in Tawangrejo Village.

Knowledge	Smoker Visits				<i>p-value</i>
	Ever		Never		
	N	%	N	%	
Good	13	20,0	52	80,0	0,003
Bad	1	1,6	60	98,4	
Total	14	11,1	112	88,9	

According to the results of the bivariate analysis using the chi-square test to find out the influence between knowledge variables and smoker

visits in Tawangrejo Village can be known respondents who have good knowledge with the visit of smokers as many as 13 respondents (20.0%) and respondents who had poor knowledge with the visit of smokers as much as 1 respondent (1.6%). While respondents who have good knowledge but never visit smokers as many as 52 respondents (80.0%) and respondents who have bad knowledge but never visit smokers as many as 60 respondents (98.4%) then obtained a value of $p = 0.003 < 0.05$ which means that there is an influence between knowledge on the Smoker Visits at Upaya Berhenti Merokok clinic.

Knowledge in this smoking program respondents understand the dangers of smoking, the effects of cigarettes, the impact of cigarettes. This knowledge can also be obtained from health workers, family, peers who can contribute to increasing respondents understanding of smoking and upaya berhenti merokok clinics. The effect of knowledge with the smoker visits in upaya berhenti merokok clinic is in accordance with the theory (Notoatmodjo, 2012) states that knowledge is the result of knowing, and this happens after people take sense of a particular object. One's behavior will be more intact if it is based on knowledge because health knowledge about something must always exist. Knowledge is needed as an encouragement in giving rise to attitudes and behaviors, especially the behavior of visiting the upaya berhenti merokok clinics. This is also in line with research stated (Ajzen, 2005) that respondents who have good knowledge about cigarettes and the dangers of smoking so that respondents know about the impact of smoking in the future for their health so that respondents have behavior to visit the upaya. (Kurniasih, 2008) research also showed similar results that there is a knowledge relationship to a person's smoking behavior. Similarly, research conducted by (Afdol, 2011) on middle school students in Padang city states a relationship between a person's

level of knowledge and smoking habits. A person who has a lesser level of knowledge about the dangers of smoking tends to have more frequent smoking.

Based on the results of the study, most of the respondents had good knowledge but respondents never visited the upaya berhenti merokok clinics as many as 52 respondents on the grounds that respondents have not felt the impact of cigarettes even though the respondent knew about cigarettes so did not visit the upaya berhenti merokok clinics. Meanwhile, respondents who have bad knowledge but visit the clinic try to quit smoking because the respondent does not understand about cigarettes so that respondents experience a prolonged cough and visit the upaya berhenti merokok clinics.

Table.2 The Effect of Intention on Smoker Visits at Upaya Berhenti Merokok clinics in Tawangrejo Village.

Intention	Smoker Visits				p-value
	Ever		Never		
	N	%	N	%	
Strong	12	22,6	41	77,4	0,001
Less Powerful	2	2,7	71	97,3	
Total	14	11,1	112	88,9	

According to the results of bivariate analysis using chi-square test to find out the influence between intention variables and smoker visits in Tawangrejo Village can be known that strong intentions with the visit of smokers as many as 12 respondents (22.6%) and less strong intentions with the visit of smokers as many as 2 respondents (2.7%). While strong intentions but never visit smokers as many as 41 respondents (77.4%) and intentions are less strong but never visit smokers as many as 71 respondents (97.3%) then obtained a value of $p = 0.001 < 0.05$ which means that there is an influence between intention on the Smoker Visits at Upaya Berhenti Merokok clinic.

The results of this study are in line with (Wismanto dan Sarwo, 2016) research showing that a person's success in his efforts not to smoke is determined by the extent of his intention to quit

smoking. A strong intention to quit smoking completely will strengthen smokers to control their behavior under any conditions when doing smoking activities. The results of this study which states that as a supporting factor is the intention of individuals to do so based on attitudes towards a behavior. In addition, the number of smokers is increasing, but on the other hand the smokers have good intentions that are the intention to quit smoking despite many inhibitory factors experienced (Ajzen, 2005) (Gonggo, 2015). It is also supported by the result which (Ika, 2012) concluded that the way is done in the effort to stop smoking with intention and commitment. Conversely, when a person wants to stop smoking, it is not enough just to make up his mind and fight the desire to smoke, but there are also efforts that must be made to stop smoking. The source of support obtained can also be obtained from outside such as friends or family

Based on the results of the study, it can be concluded that the number of respondents as many as 41 respondents who have strong intentions but never visited the upaya berhenti merokok clinics because respondents have the intention to quit smoking, believing that not smoking maintains its health but the respondent has not felt the effects of cigarettes so that respondents do not visit the upaya berhenti merokok clinics. While respondents with less strong intentions but visited the upaya berhenti merokok clinics because respondents could not pass the challenge of not smoking but respondents experienced the impact of cigarettes so respondents visited the upaya berhenti merokok clinics.

Table.3 The Effect of Attitude on Smoker Visits at Upaya Berhenti Merokok clinics in Tawangrejo Village.

Attitude	Smoker Visits				<i>p-value</i>
	Ever		Never		
	N	%	N	%	
Positive	12	22,2	42	77,8	0,002
Negative	2	2,8	70	97,2	
Total	14	11,1	112	88,9	

According to the results of bivariate analysis using chi-square test to find out the influence between attitude variables and smoker visits in Tawangrejo Village can be known respondents who have a positive attitude with the visit of smokers as many as 12 respondents (22.2%) and respondents who had a negative attitude with the visit of smokers as many as 2 respondents (2.8%). While respondents who had a positive attitude but never visited smokers as many as 42 respondents (77.8%) and respondents who had a negative attitude but never visited smokers as many as 70 respondents (97.2%) then obtained a value of $p < 0.002 < 0.05$ which means that there is an influence between attitudes on the Smoker Visits at Upaya Berhenti Merokok clinic.

According to study (Notoatmodjo, 2012) Attitude is a person's closed response to the stimulation of his participation, which involves opinions or emotional factors to agree or disagree with a particular behavior. According to study (Santi, 2013) Attitude is a readiness to react to an object in a certain way, the form of reaction in the form of a positive or negative attitude. This is in line with research (Akmal, 2017). that the role of attitudes in human life is very large. Attitude formation does not happen by itself or carelessly. Its formation is always taking place in human interaction and with regard to certain objects. So that respondents who have a positive attitude will have the behavior to visit the upaya berhenti merokok clinics. The study is also in line with (Sandek, 2007) claim that there is a link between attitudes towards smoking behavior and self-control and intense stop. This is in line with (Helena, 2014) saying that a person's attitude in stop smoking is very self-determined. Then there needs to be a smoking cessation clinic to change a person's behavior to be positive.

Based on the results of the study, it can be concluded that as many as 42 respondents who have a

positive attitude but have never visited the upaya berhenti merokok clinics because some respondents were able to quit smoking by themselves and most respondents tried to quit gradually without having to visit the upaya berhenti merokok clinics. While respondents who have a negative attitude but visit the upaya berhenti merokok clinics because respondents have felt the impact of cigarettes and also respondents interested in using the services of the upaya berhenti merokok clinics but respondents still have a desire to return to smoking is very high especially when the respondent is staying up late, bored, stressed.

Table.4 The Effect of Self-Motivation on Smoker Visits at Upaya Berhenti Merokok clinics in Tawangrejo Village.

Self-Motivation	Smoker Visits				p-value
	Ever		Never		
	N	%	N	%	
Positive	13	18,1	59	81,9	0,010
Negative	1	1,9	53	98,1	
Total	14	11,1	112	88,9	

According to the results of bivariate analysis using chi-square test to find out the influence between self-motivation variables and smoker visits in Tawangrejo Village can be known respondents who have positive self-motivation with the visit of smokers as many as 13 respondents (18.1%) and respondents who had negative self-motivation with the visit of smokers as much as 1 respondent (1.9%). While respondents who had positive self-motivation but never visited smokers as many as 59 respondents (81.9%) and respondents who had negative self-motivation but never visited smokers as many as 53 respondents (98.1%) then obtained a value of $p < 0.010 < 0.05$ which means that there is an influence between self-motivation on the Smoker Visits at Upaya Berhenti Merokok clinic.

This study (Rabiatul, 2018) that smoking has a negative impact on health and the environment, but stop smoking is not easy to do. Stop smoking is

influenced by self-motivation and self-efficacy. Self-motivation is a psychological process that reflects the interaction between one's attitudes, needs, perceptions, and decisions that occur in a person. The results of this study (Hendiani, 2018) are also in line with the study said that when smokers have good motivation then they stop smoking, but when someone has low motivation they will use cigarettes again or experience relapse. The study is also in line with (Adhi, 2008) state that the first attempt to quit smoking in young adults is motivated by extrinsic factors, which involve control from others in efforts to quit smoking.

Based on the results of the study, it can be concluded that 52 respondents who have positive self-motivation but have never visited the upaya berhenti merokok clinics because the respondent has motivation, believe that they can live healthier without smoking and respondents get support from other parties so gradually to quit smoking. While respondents have negative self-motivation but visit the upaya berhenti merokok clinics because respondents still experience difficult things not to smoke because often stay up late, often gather with friends in the smoker environment but respondents already feel the effects of cigarettes. Self-motivation from the results of logistic regression test affects the visit of smokers because respondents have self-motivation to quit smoking, realizing that they will live a healthy life without smoking and also the motivation is obtained from themselves, family and health workers. So that the respondent is able to motivate him self to stop smoking.

Table.5 The Effect of Family Support on Smoker Visits at Upaya Berhenti Merokok clinics in Tawangrejo Village.

Family Support	Smoker Visits				<i>p-value</i>
	Ever		Never		
	N	%	N	%	
Support	13	17,6	61	82,4	0,014
Not Supported	1	1,9	51	98,1	
Total	14	11,1	112	88,9	

According to the results of the bivariate analysis using chi-square test to find out the influence between family support variables and smoker visits in Tawangrejo Village can be known respondents who have supportive family support with the visit of smokers as many as 13 respondents (17.6%) and respondents who had unsupported family support with a smoker visit as much as 1 respondent (1.9%). Meanwhile, respondents who had supportive family support but never visited smokers as many as 61 respondents (82.4%) and respondents who had un-supporting family support but never visited smokers as many as 51 respondents (98.1%) then obtained a value of $p\ 0.014 < 0.05$ which means that there is an influence between family support on the smoker visits at Upaya Berhenti Merokok clinic.

Table.6 Logistic Regression Test Results.

No	Variable	Chi-square	CI
1	Knowledge	3,276	0,016-1,101
2	Attitude	3,713	0,042-1,065
3	Self-Motivation	3,698	0,024-1,796

According to the results of multivariate analysis using logistic regression test to find out which variable is the most influential, there is knowledge with a value of 3,276, attitude with a value of 3,713, self-motivation with a value of 3,698 then obtained the most influential variable is attitude.

According this study family (Friendman, 2008) family support such as emotional support is very important because it gives the individual a feeling of comfort, feeling loved, help in the form of

encouragement, attention, praise so that the individual who receives it feels valuable. And also know the health problems about active smokers in each member of his family. Health is also a family need that should not be ignored because without health everything will not matter. The slightest change experienced by family members will indirectly be the concern and responsibility of the. The results of this study(Gonggo, 2015) that family support is a supporting factor for a person to stop smoking, as well as following the strategies that have been in upaya berhenti merokok clinics at the counseling stage. This research is also in line with (Herawati, 2017) that family support plays an important role in a person stop smoking. There is a link between family support and intense stop smoking in active smokers. (Rohayatun, 2015) research also shows that family support, friend support encourages a person to stop smoking.

Based on the results of the study, it can be concluded that as many as 51 respondents with supportive family support but never visited the upaya berhenti merokok clinics because the family gave support in the form of attention, praise so that respondents were able to quit smoking. Meanwhile, respondents who have a family are not supportive but visit the upaya berhenti merokok clinics because the respondent does not get attention and praise from his family.

CONCLUSION

Based on the results of research and discussion in this study about factors affecting smoker visits in UpayaBerhentiMerokok Clinics (Case Study in Tawangrejo Primary Health Center,Madiun City) can be concluded as follows: most of the bad knowledge of 60 respondents with a percentage of 98.4% with *p-value* of 0,003, most intentions are less strong 71 respondents with a percentage of 97.3% with a *p-value*

of 0,001, most negative attitudes of 70 respondents with a percentage of 97.2% with a *p-value* of 0,002, most of the negative self-motivation of 60 respondents with a percentage of 98.1% with *ap-value* of 0,010, most family support did not support 51 respondents with a percentage of 98.1% with *ap-value* of 0,003 *p-value* of 0,014 and the most influential factor for smoker visits to the Upaya Berhenti Merokok Clinics, namely attitude. And recommendations for future research, the primary health center will reactivate the upaya berhenti merokok clinics, be active in providing socialization to active smokers.

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