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Beyond addiction: a phenomenological study of former smokers' experiences in cessation

Rusda Maulidya [a], Khoriyah Isni [a*], Heni Trisnowati [a], Septian Emma Dwi Jatmika [b], Ichtiarini Nurullita Santri [a], Intan Wahyuni Tukiyo [a]

[a] Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
[b] International Health Program, National Yang-Ming Chiao Tung University, Taipei, Taiwan
* Corresponding author: Khoriyah.isni@uad.ac.id

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ABSTRACT

Although daily smoking appears to be declining, quitting remains difficult, and relapses are common. Cessation support often emphasizes strengthening quit intentions and motivation while replacing smoking with meaningful daily activities (e.g., work or prayer). This qualitative phenomenological study explored the experiences of former smokers, interviewing four primary informants (ex-smokers) and four supporting informants involved in their quit attempts. Social influences and work demand shaped cessation efforts. Graphic depictions of smoking-related illnesses and messages about harm to children were salient motivators. A community "healthy, smoke-free home" initiative existed at the study site, designated as a pilot area, but was largely unknown and implemented without involvement from health personnel. All informants reported at least one relapse. These findings suggest that promoting smoke-free homes as a community-empowerment strategy, coupled with visible risk communication and stronger engagement of health workers, may increase awareness and better support sustained cessation.

1. Introduction

Indonesia has the world's highest prevalence of male smokers aged ≥15 years [1]. Overall smoking prevalence is 31%, with men accounting for 60–65% and women 1–2% of smokers [2]. Daily smoking declines across higher household-ownership quintiles. Among those aged ≥15 years, 22.46% smoke or chew tobacco, and among those aged ≥10 years, mean daily consumption is approximately 11–12 cigarettes, about a pack [3]. The highest proportion of daily smokers is in the 40–44 age group (29.8%), with far greater prevalence among men than women (43.8% vs 0.7%). In 2020, reports from Central Java indicated that 70% of cigarettes were consumed by individuals aged ≥5 years in both urban and rural settings. Wonosobo Regency ranked fourth for ex-smoker prevalence (11.19%); 52.21% of residents aged ≥5 years reported smoking in the past month [2]. Within this regency, Dusun Mentosari recorded the highest smoking percentage among five hamlets (29%). Beyond physical health, tobacco use affects psychological functioning—mood, cognition, and behavior—with commonly reported symptoms including lethargy, irritability, anxiety, reduced concentration, sleep disturbance, and nicotine dependence, among others [4][5].

Motivations to quit are diverse: health concerns (50.9%), financial pressures (21.7%), the desire to overcome nicotine addiction (16%), and social influences (10.1%). Among adolescents, health, financial, social, and academic reasons are the most prominent [6]. Social support and behavioral

counseling are positively associated with cessation; estimates suggest a 39% higher likelihood of quitting with social support and a 36% increase with counseling, underscoring the importance of support from family and friends. A study reveals that 99.82% of smokers will cease smoking as a result of severe illness [7,8]. Relapse remains common, with most occurrences occurring early. Approximately 75% of individuals relapse within the first week, and 85–95% within the first year [9]. Consequently, adequate cessation support emphasizes strengthening quit intentions and motivation while embedding enjoyable, meaningful daily activities (e.g., work, prayer) to replace smoking cues. Quitting is rarely instantaneous; sustained encouragement from one's social network is often essential [10]. Against this backdrop, the present study examines factors that influence smokers' efforts to quit.

2. Method

We conducted a qualitative study using a phenomenological approach to understand how former smokers make sense of their cessation experiences in Dusun Mentosari, Wonosobo Regency, Central Java. The site was purposively selected based on data from Kalialang Village, which showed that Mentosari had the highest proportion of ex-smokers among the five hamlets (29%). Primary informants were adults who had quit smoking for at least one year (irrespective of any prior relapse episodes); no gender restrictions were applied. Supporting informants were individuals who knew the primary informants best (e.g., family members) and could describe the quit process. All participants (four key informants and four supporting informants) were required to communicate effectively in Indonesian and the local language. Participants were recruited via snowball sampling.

We conducted in-depth, semi-structured interviews guided by the Stages of Substance Use framework, focusing on quit trajectories, relapse episodes, triggers, and coping strategies. An observation checklist was also used to document indicators of smoke-free environments around the primary informants' homes (e.g., signage, presence/absence of ashtrays) to assess environmental support for cessation. The interview data, consisting of participants' narratives on smoking cessation experiences—including quit trajectories, relapse episodes, triggers, and coping strategies—were processed and analyzed using thematic analysis in three phases: (1) data reduction through systematic coding and categorization of recurring concepts; (2) data display via organized narrative summaries to highlight emerging themes and patterns, aiding interpretation; and (3) conclusion drawing and verification to ensure that the identified themes accurately addressed the research questions and reflected both primary and supporting informants' perspectives. In addition, observational data on household environments were incorporated to enrich interpretation and validate interview findings.

Credibility was enhanced through source triangulation (cross-checking primary informants' accounts with supporting informants) and method triangulation (comparing interview findings with observations of the home environment). Participation was voluntary and confidential. Ethical approval was granted by the Ahmad Dahlan University Research Ethics Committee (No. 012307136; July 31, 2023).

3. Results and Discussion

3.1. Results

All primary informants were above the age of 50, with three possessing formal education equivalent to a high school diploma. The informants' occupations were diverse, including farmers, construction workers, village officials, and private sector personnel, with earnings ranging from 2 million to 3.5 million rupiah. One of the four primary informants commenced smoking at a notably early age of nine years (Table 1). All supporting informants were female and had familial connections

to the primary informant, specifically as a partner or child. Regarding income, only two primary informants received monthly earnings (Table 1). The interview results pertain to the experiences of former smokers in overcoming the smoking habit. The experience of discontinuing smoking pertains to the notion of The Stages of Substance Use, which comprises four phases: beginning, maintenance (perpetual needs), cessation as a process, and relapse.

Table 1. Attributes of Key Informants and Supporting Informants

Informants (initials)	Sex	Level of education	Age	Types of Informants	Relationship with Key informant	Job	Income/month	Age of starting smoking	Age to quit smoking
A	Male	Senior High School	54	Main	-	Farmer	Rp 2.000.000	25	45
T	Male	Junior High School	59	Main	-	Coolie Building	Rp 2.100.000	19	53
P	Male	Senior High School	54	Main	-	Devices Village	Rp 2.224.000	17	44
S	Male	Elementary School	57	Main	-	Employee private	Rp 3.200.000	9	33
TF	Woman	Elementary School	48	Supporter	Wife	Farmer	Rp 1.000.000	-	-
AP	Woman	Senior High School	21	Supporter	Child	Student	-	-	-
SR	Woman	Junior High School	50	Supporter	Wife	Businessman	Rp 1.600.000	-	-
CH	Woman	Senior High School	61	Supporter	Wife	housewife ladder	-	-	-

Themes recognised during the initiation phase encompass the social context, attitudes towards cigarettes, adverse consequences experienced in the absence of smoking, and awareness of cigarettes. All primary informants shared a similar initiation experience with cigarettes, commencing smoking on average throughout early adolescence to adulthood. An invitation from pals prompted their smoking. Three of the four primary informants regarded smoking as a means to alleviate fatigue, believing it rendered the body lighter and induced a pleasurable and tranquil sense. One informant said that their health deteriorated after years of smoking, experiencing symptoms such as decreased fitness and dyspnoea. Nonetheless, this was inconsistent with the acknowledgement of all primary and secondary respondents, who asserted their awareness of the hazards associated with smoking—secondly, the addiction or maintenance phase.

This stage delineates social aspects, beliefs, withdrawal effects, cigarette consumption levels, and expenditure allocation related to addiction. Three of the four interviewees indicated that the work environment served as a facilitating factor for the continuation of smoking. This state is intensified by the substantial workload, making it directly proportional to the quantity of cigarettes consumed. The primary informant experienced discomfort akin to restlessness when not smoking at this level. The distribution of cigarette expenditure fluctuates significantly, ranging from 120,000 rupiah to 600,000 rupiah per month, depending on the prevailing workload.

Following addiction, informants enter a phase known as cessation, which involves the process of quitting smoking. This stage emphasises various elements, such as social environment intervention, self-intervention, health worker intervention, the beneficial effects of smoking cessation, and strategies to address the problems associated with stopping smoking. The primary reasons for the main informant's cessation of smoking were health-related, specifically headaches, nausea, and shortness of breath experienced by three informants. One informant indicated that familial pressure existed to cease smoking. This fact was corroborated by all the triangulation or supporting informants. Self-motivation is recognised as a crucial aspect in the cessation of smoking; in this study, the four primary informants exhibited commonalities about their motivation to quit.

Their motivation to cease smoking sprang from a desire to enhance their own health and that of their families. The cessation procedure for smoking among the primary informants was bifurcated; some individuals received intervention from healthcare professionals, while others did not. Both the primary and secondary informants had limited awareness of the RSTAR program in their vicinity. Moreover, three-quarters of the respondents reported a markedly good and substantial effect on their health following the cessation of smoking.

They reported that upon cessation of smoking, their appetite heightened, their breath improved, their physical condition enhanced, and the odour of cigarette smoke ceased to adhere to their garments. The primary problem in the cessation of smoking is the odour of cigarette smoke, necessitating strategies to evade individuals who smoke. The final stage is the relapse phase. Following the stages of the cessation process, there exists a likelihood of relapse, but not all former smokers encounter this phenomenon. One primary informant acknowledged experiencing a relapse, occurring multiple times, with a frequency of approximately one to two smokes each month. Simultaneously, three primary informants asserted that they had never encountered a relapse during their cessation of smoking, a claim corroborated by additional informants.

Table 2. Data Analysis Result

Variables	Theme	Quotes
Initiation stage	Social environment	"Initially, I experienced a headache that persisted despite my efforts to find relief through medication. My brother proposed that I consider smoking as a potential remedy; however, I ultimately did not pursue this option, and my headache subsequently subsided" (Informant A)
	Cigarette perception	"At times, it influences me, particularly when I am preoccupied; I perceive smoking as enjoyable, referring to it as entertainment." (Informant T)
	Effects felt when not smoking	"After a long time, if I walk, I'm still out of breath, it's not nice, not fresh, and when I wake up, my mouth usually feels bitter if I don't smoke" (Informant A)
	Knowledge about cigarettes	"As for the dangers of smoking, you actually know that, Sis, sir. However, you were still smoking at that time, maybe because you were thinking too much" (AP informant)
Maintenance	Social factors at the addiction stage	"I was brought along by my friends from my old work days because I was offered one, so I wanted to try smoking, but I ended up getting carried away with it, sis" (Informant T)
	Perception of cigarettes at the addiction stage	"What's more, sis, to be honest, when I'm working overtime, I can smoke a cigarette a day at night, I can finish at least two packs, sis. So I smoked more often when I was still addicted, sis, wow, that's not the case sometimes" (Informant P)
	Effects felt when not smoking	"Yes, at first I felt dizzy when I first stopped smoking, anxious, that's how it was" (Informant T) "My father said that if you don't smoke, your stomach will become more bloated, and when you smoke, your stomach will feel smaller," he said (AP informant)
	Increase in the number of cigarettes	"If you think a lot more, you will definitely smoke more and then smoke more often" (Informant A)
	Allocation of funds for one month	"In those days, it was already 600 thousand a month just to buy cigarettes" (informant A)
Cassation as a process (process stopped)	Social environmental intervention	"The reason for stopping was that the first image started to become sharper when wrapped in cigarettes, and secondly, his chest felt tight" (Informant P) "Yes, I initially told him to stop because his children should not be exposed to cigarette smoke, when they were still small, then I told him to stop, try not to smoke while carrying him, well, after a while it became a habit so he doesn't smoke until now" (Informant CH)
	Self-intervention	"The motivation to stop is to make your body feel better and healthier, your family is also healthier now, you don't feel like there's a burden, if you walk far you don't get out of breath, but now you don't" (Informant S)
	Health worker intervention	"There has never been anyone to help me, like a doctor or psychologist, I'm completely alone" (Informant T) "Actually, there is an RSTAR program from the village, but there are still many who don't know about the program, so it's still not running well" (Informant SR)

Variables	Theme	Quotes
	Positive impacts of quitting smoking	"When I stopped smoking, what I felt was that my appetite increased, my breath was fresher, and that's all" (Informant A)
	Efforts to quit smoking	"It's just that the challenge of quitting is the smell of cigarettes, it's a bit tempting, so you have to avoid being near people who are smoking" (informant T) "The most difficult challenge is taking care of your father, this is the most annoying thing, sis, that's why sometimes friends come here (to visit) and ask me to smoke, that's how it usually is" (TF informant)
Relapse (relapse)	Relapse experience	"I try it again often, but not every day, maybe once a month, but it's not certain" (informant T) "Thank God, until now I have never tasted it again, not even one stick" (Informant A)
	Factors causing relapse	"The reason is because it fits with friends, because it's not nice to refuse friends because sometimes they all smoke when they are offered it" (informant T)
	How to deal with relapse	"For example, if a friend offers you a cigarette, answer that I'm quitting smoking, don't say that I don't smoke anymore, because then you might ignore me" (Informant P)
	The role of others in dealing with relapse	"The child will definitely tell you so that you won't be tempted by his friends who still smoke" (Informant T) "That's what I said first, I didn't have to smoke like that, sis, I just scolded you like that, sis, just because it didn't feel good to your friends, you were afraid it would seem impolite, so it was just as simple as it was" (SR informant)

The primary informant acknowledged that peer influence is the predominant factor contributing to relapse. Declining friends' invitations is a method for informants to prevent relapse. The informant acknowledged that familial support is crucial in the cessation of smoking and in preventing relapse. This study gathered data not only from in-depth interviews but also through observations of the informant's residential physical environment. The observation sheet pertains to the Smoke-Free Area indication. Three primary informant residences were identified as leading smoke-free area (KTR) houses, evidenced by their compliance with eight KTR indicator criteria. This aligns with the classification provided by the Ministry of Health for smoke-free zones. Nonetheless, one primary respondent's residence retained an ashtray in the living room, thereby disqualifying it from being classified as a pioneering smoke-free location, as it failed to meet one of the eight specified criteria (Table 3).

Table 3. Observation Results of Smoke-Free Areas in the Physical Environment Around the Main Informant's House

Indicator	Indicator Description	Status	Proof
		Exist	No
There is no cigarette manufacturing production	Tobacco leaf processing activities and cigarette production on all scales (individual, industrial, household/large in the home environment)		√
There is no distribution (distribution and/or sale of cigarettes)	Distribution (sharing/selling) of cigarettes in the home		√
There is no cigarette advertisement	Cigarette advertisements in various types of media, both indoor and outdoor, including brochures, banners, demonstration materials (stickers, bags, calendars, tablecloths, tissue boxes, ashtrays, souvenirs) inside the house.		√
There is no sponsor from cigarettes	Sponsorship of cigarettes for organizing activities in the household environment.		√
There is no smoking activity	Smoking activities in the house, either by the homeowner or guests.		√
There is no cigarette residue	The remaining results of cigarette consumption, whether in the form of smoke/ash/stubs/cigarette packaging residue, including ashtrays.		√
There is no smoke-free/no-smoking areas	Area sign without cigarettes/smoking ban in the form of notice boards/stickers/banners/other media		√

Indicator	Indicator Description	Status	Proof
		Exist	No
Regulation/policy will be related to cigarettes	Regulations or policies contain rules and regulations that apply to owners/guests, which at least include a ban on smoking/selling/distributing/promoting/advertising cigarettes.		√
Based on the monitoring results, this healthy smoke-free home has fulfilled 8 items. So, it can be categorized as (give a √ mark)		Smoke-free area	Smoke-free area Pioneers
			√

3.2. Discussion

Smoking cessation is complex and rarely instantaneous. Guided by the Stages of Substance Use framework, we view quitting as a dynamic, cyclical process comprising four phases: initiation, maintenance (ongoing use), the cessation process, and relapse. This perspective clarifies the challenges and turning points people encounter when attempting to quit. Using this framework, we describe the experiences of former smokers who have achieved cessation, focusing on the transitions between stages and the factors that support or undermine sustained abstinence.

3.2.1. Initiation Stage

The initiation stage occurs when an individual initially experiments with smoking. This decision is typically shaped by social contextual factors, peer pressure, curiosity, or the impact of family members who smoke. The study's results indicated that social variables and environmental norms significantly influence an individual's decision to initiate smoking. Perceptions of smoking, adverse consequences experienced in the absence of smoking, and understanding of smoking. Adolescents exposed to tobacco advertising and environments with lenient smoking standards are more inclined to initiate smoking [11]. The majority of smokers initiate the habit during adolescence, frequently under peer influence [12,13]. Smokers' experiences of cessation encompass personal aspects that affect initiation, maintenance, cessation, and relapse. Participants articulated tactics including the utilisation of external filters and the enhancement of physical activity, illustrating the multifaceted nature of addiction rather than conforming solely to a theoretical model. Comprehending individual motivations for resignation is crucial, as these might differ markedly among persons [13]. Numerous former smokers contemplate the health hazards linked to smoking, which motivates them to consider cessation [14]. There exist deficiencies in information and prospects for innovation in research on learning approaches related to smoking cessation [15].

3.2.2. Maintenance Stage

Subsequent to initiation, individuals transition into the maintenance phase, wherein smoking evolves into a habit that is challenging to discontinue. The perception of smoking's benefits, such as stress reduction, reinforces this habit, despite existing awareness of health concerns [16]. The study's findings indicated that the work environment serves as a facilitating element for the continuation of smoking. This state is intensified by the substantial workload, making it directly proportional to the quantity of cigarettes consumed. The primary informant experienced discomfort, including restlessness, when not smoking at this time. During the maintenance phase, smoking becomes a challenging habit to eradicate. At this juncture, both physical and psychological reliance on nicotine commences. Qualitative research in Indonesia indicates that at this stage, smokers frequently acknowledge their dependence and express a desire to stop; yet, the compulsion to smoke remains significantly potent [17]. The symptoms seen align with the criteria for tobacco use disorder as outlined in the DSM-V, including craving, tolerance, and withdrawal.

This study identified the most formidable obstacle in the cessation of smoking as the odour of cigarette smoke, necessitating consideration of strategies to avoid individuals who smoke. Consistent with other research, emotional dependence on cigarettes and financial concerns are also influential

factors. To address the difficulties of cessation from smoking with non-invasive stimulation technology, it is imperative to implement support programs that offer psychiatric counselling, financial aid, and educational resources to enhance the success rate [18].

3.2.3. Cassation as a process stage

This phase is an active process characterised by elevated motivation, adaptive coping mechanisms, and social assistance. The efficacy of smoking cessation is significantly affected by internal motivation, including a robust desire for a healthy lifestyle, disease prevention, or financial considerations. Social support from family, friends, and a nurturing environment significantly mitigates the likelihood of unsuccessful cessation efforts. Moreover, coping tactics include redirecting the need to smoke through alternative activities (e.g., consuming candy, engaging in exercise) and educating individuals on managing stress without the use of cigarettes [17]. This study indicates that the incentive to cease smoking stems from the desire to enhance personal health and the health of one's family. Recent study underscores the significance of behavioural therapies, psychoeducation, and the application of appropriate coping strategies. Ex-smokers indicated that instruction on alternative stress management techniques was significantly beneficial during cessation, however not all strategies are appropriate for every individual [17].

A study from Norway indicated that external constraints prompted former smokers to cease smoking. Moreover, apprehension over illness, legal regulations, counsel from healthcare professionals, and the perspectives of offspring and grandchildren were other factors contributing to the cessation of smoking. Additionally, factors that facilitated smoking cessation included recent initiatives to complicate smoking in Norway, encouragement to pursue assistance in altering smoking behaviours, smoking cessation programs incorporated into healthcare practices, and health professionals who demonstrated empathy and authentic concern when interacting with smokers. Health professionals in specialised services must recognise their pivotal role as a first step in their patients' cessation of smoking [19]. Male smokers require substantial external intervention, smoking cessation policies, and support from family and friends during their attempts to quit smoking. Consequently, it is essential to attain a thorough comprehension of male smokers' experiences in cessation, to ascertain their nursing requirements, and to deliver appropriate nursing interventions, enabling them to lead a healthy life as societal members without resorting to smoking cessation. This study is significant as it offers men smokers a detailed picture of their experiences [13].

Subsequent research has identified interpersonal and structural elements that affect black women’s smoking cessation endeavours, including the widespread acceptance of smoking and the accessibility of inexpensive and readily accessible cigarettes within the community. These findings emphasise the necessity of accounting for local context in forthcoming tobacco research and policy [20]. Tobacco control initiatives must prioritise heavy smokers and alcohol consumers. Furthermore, the contribution of healthcare professionals in motivating smokers to cease tobacco use should not be underestimated [21].

3.2.4. Relapse Stage

Relapse is a frequent occurrence in the cessation of smoking. Relapse triggers encompass stress, societal pressure, and insufficient support. Global research has identified that the primary determinants of relapse are diminished self-efficacy, elevated nicotine dependence, and lapses (small incidents, such as a single puff) [22]. Nonetheless, with appropriate assistance and effective coping skills, former smokers can re-establish their commitment to cessation and diminish the likelihood of return [23]. Comprehending smoking and abstinence trends can assist in identifying those susceptible to relapse [24]. In this study, informants experienced the relapse stage and vice versa. This is affected by the ambient factors surrounding past smokers. An environment that has established a smoke-free

zone, such as a smoke-free home initiative, significantly aids informants in their cessation of smoking. Timely help during initial cessation attempts is essential, as the majority of relapses transpire shortly after cessation. The smoking cessation process is non-linear, characterised by many relapses prior to attaining long-term sobriety. Studies indicate that relapse is a prevalent result, with as many as 94% of smokers returning to smoking within a few months following a cessation attempt [24].

Study in Poland revealed that the primary variables contributing to smoking recurrence are insufficient willpower, inadequate self-discipline, and exposure to stress. The predominant relapse scenario involves encountering unpleasant or good feelings during interactions with other smokers. Relapse is a prevalent consequence, with as many as 94% of smokers resuming smoking within a few months of attempting to quit [25]. Psychological assistance is essential to prevent relapse during smoking cessation efforts. Healthcare professionals should promote behavioural modifications via intrinsic goals, since these might stimulate autonomous motivation, resulting in a beneficial long-term effect [23].

The Stage Theory of Substance Use offers a systematic framework for comprehending smoking cessation; nonetheless, it is crucial to acknowledge that individual experiences may differ significantly due to personal, social, and environmental influences. This complexity highlights the necessity for customised cessation strategies. The experiences of former smokers who have successfully ceased indicate that cessation is a progressive process necessitating robust motivation, social support, and efficient coping mechanisms. Every phase poses distinct challenges, and success is significantly determined by the individual's capacity to regulate triggers and secure sufficient support.

4. Conclusion

Social context (e.g., peer norms, worksite culture) and heavy workloads emerged as key drivers of smoking initiation and continued use. In contrast, rising health awareness and family-based motivations, especially concerns for children’s health, were strong catalysts for quitting. Despite the presence of a smoke-free home initiative, community awareness and uptake were low, and health workers were largely absent from participants’ cessation journeys. Strengthening local government coordination and actively integrating frontline health personnel into delivery (brief advice, referral, and follow-up) would likely improve implementation and reach.

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Author contributions

RM and KI formulated the research concept, conducted data processing and analysis, and authored the manuscript. RM serves as the enumerator, whereas HT, SEDJ, INS, and IWT function as developers in the discourse over research findings.

Conflict of Interest

There are no conflicts of interest.

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