

FACTORS ASSOCIATED WITH PUBLIC TRANSPORTATION DRIVERS' COMPLIANCE WITH SMOKE-FREE AREA REGULATIONS AT DEPOK CITY TERMINAL

Ihyani Nurdiena Marliamara¹, Tri Krianto², Dien Anshari³, Faika Rachmawati⁴, Puji Lestari⁵

^{1,2,3}Department of Health Education and Behavioral Sciences, Faculty of Public Health, Universitas Indonesia, UI
Campus Depok 16424, West Java, Indonesia

^{4,5}Depok City Health Office

Email: ihyani@yahoo.com¹, tkarjoso@gmail.com²

Received : 01 March 2026

Accepted : 01 April 2026

Revised : 15 March 2026

Published : 27 April 2026

Abstract

Smoking remains one of the most significant public health challenges in Indonesia, with serious impacts on mortality rates, economic burden, and low compliance with Smoke-Free Area policies. This study aimed to analyze factors associated with public transportation drivers' compliance with Smoke-Free Area (SFA) regulations at the Depok City Terminal in 2024. This study employed a descriptive method with a quantitative approach and a cross-sectional design. The respondents consisted of 94 public transportation drivers selected using purposive sampling. Data were collected through a structured questionnaire covering individual characteristics as well as smoking attitudes and behaviors. Data analysis was conducted using the Chi-square test. The results showed that the majority of public transportation drivers (79.8%) were non-compliant with SFA regulations, while only 20.2% were compliant. Predisposing factors were significantly associated with drivers' compliance (p -value < 0.05), as were enabling factors. However, the reinforcing factor, namely cigarette price, was not significantly associated with compliance.

Keywords: *Compliance, Public Transportation Drivers, Smoke-Free Areas*

INTRODUCTION

Smoking is one of the leading causes of global health problems. According to the World Health Organization (WHO), mortality due to smoking reached 30%, or approximately 17.3 million people in 2020, and is projected to increase to 23.3 million by 2030. Data from the Global Burden of Disease as of November 2023 indicate that 8.7 million people die prematurely due to tobacco use, with more than 7 million deaths resulting from direct use and an additional 1.3 million due to exposure to secondhand smoke. Smoking increases the risk of non-communicable diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), heart disease, diabetes mellitus, and stroke, which are among the leading causes of death worldwide. In Indonesia, smoking prevalence continues to rise. The 2023 Indonesian Health Survey (SKI) conducted by the Ministry of Health reported approximately 70 million active smokers, including 7.4% aged 10–18 years. In addition to active smokers, Indonesia has around 120 million passive smokers exposed to secondhand smoke, as reported in the 2021 Global Adult Tobacco Survey (GATS). Smoking behavior not only adversely affects individual health but also imposes a significant economic burden. According to the Social Security Administering Body for Health (BPJS Kesehatan), healthcare costs related to smoking-related diseases, such as heart disease and cancer, exceeded 14 trillion rupiah in 2018.

Smoke-Free Area (SFA) policies have been implemented to protect the public from the harmful effects of tobacco smoke. Law Number 17 of 2023 mandates local governments to establish and implement smoke-free areas within their jurisdictions. The City of Depok, through Regional Regulation Number 3 of 2014, updated by Regional Regulation Number 2 of 2020, has designated seven smoke-free areas, including public places, workplaces, places of worship, children's playgrounds, public transportation, educational facilities, and healthcare facilities. However, compliance with SFA regulations, particularly in public transportation, remains low. Based on a 2023 survey by the Depok City Health Office, compliance in public transportation areas was only 12.8%. Depok City Terminal, as a central transportation hub, is frequently a site of SFA violations. Public transportation drivers are often found smoking inside vehicles, in waiting areas, or around the terminal, which endangers not only their own health but also that of passengers and the surrounding community.

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The low compliance of public transportation drivers with SFA policies may be influenced by various factors, such as smoking habits, lack of awareness, and weak enforcement. Depok City Terminal, which serves more than 2,000 drivers and thousands of passengers daily, represents a strategic setting to investigate this issue. Therefore, this study aims to analyze factors associated with public transportation drivers' compliance with Smoke-Free Area regulations at Depok City Terminal.

LITERATURE REVIEW

Smoking remains a major global public health problem, contributing significantly to morbidity, mortality, and economic burden. According to the World Health Organization, tobacco use is associated with various non-communicable diseases such as cancer, cardiovascular diseases, and chronic respiratory conditions. In Indonesia, the high prevalence of smoking, including among public transportation drivers, highlights the importance of implementing effective control measures such as Smoke-Free Area (SFA) policies to protect public health.

Compliance with SFA regulations is influenced by multiple factors, including predisposing, enabling, and reinforcing factors. Predisposing factors such as knowledge, education, age, and attitudes play a role in shaping individual behavior. The Health Belief Model suggests that knowledge alone is insufficient to change behavior without supporting environmental cues, while the Theory of Planned Behavior emphasizes the importance of social norms and perceived control. Enabling factors, including income, sanctions, and exposure to information, also influence compliance, particularly when supported by consistent enforcement and accessible health communication.

In addition, reinforcing factors such as cigarette prices may affect smoking behavior, although their influence on compliance varies depending on social norms and addiction levels. Among public transportation drivers, smoking behavior is often influenced by occupational stress, work environment, and social interactions, making it more difficult to change. Therefore, improving compliance with SFA regulations requires a comprehensive approach that integrates education, enforcement, and environmental support to effectively reduce smoking behavior.

METHOD

This study employed a descriptive quantitative design with a cross-sectional approach to identify factors associated with public transportation drivers' compliance with Smoke-Free Area (SFA) regulations at Depok City Terminal. The factors examined included income, education, attitudes, knowledge, sanctions, information exposure, and socialization, with compliance as the dependent variable. The study was conducted at Depok City Terminal from November to December 2024, with a population of 2,017 public transportation drivers. A total of 94 respondents were selected using the Lemeshow formula for hypothesis testing of two population proportions and were recruited through purposive sampling based on inclusion and exclusion criteria, such as good physical condition and active driver status.

Data collection was carried out through interviews using a structured questionnaire. The questionnaire items were adapted from the Ministry of Health's smoking behavior screening questions, supported by literature reviews and previous studies, and covered respondent characteristics, knowledge, attitudes, and compliance with SFA regulations. Data analysis was performed using SPSS version 21, including univariate analysis to describe frequency distributions and bivariate analysis using the Chi-square test to examine associations between variables and identify dominant factors related to compliance.

RESULTS AND DISCUSSION

Depok Terminal (also known as Terminal Gedoran or Terminal Margonda) is a Type B passenger terminal based on the services provided to transportation operators. It is located on Margonda Raya Street, Depok Subdistrict, Pancoran Mas District, Depok City. The terminal was inaugurated on March 10, 1992, by the Governor of West Java and occupies an area of approximately 2.3 hectares (UPT Terminal Depok, 2017). Depok City Terminal is typically crowded with various groups, including public transportation drivers, passengers, street vendors, terminal staff, and the surrounding community. From January to October 2024, the average number of public transportation passengers reached 258,505 per month. Based on data from the Integrated Management Unit of Depok Terminal, the terminal serves approximately 2,017 public transportation drivers, the majority of whom are male and aged between 21 and 60 years.

Respondent Characteristics

The socio-demographic characteristics analyzed in this study included gender, last education level, monthly income, smoking frequency, type of cigarettes consumed, smoking behavior in the past month, smoking inside public transportation, smoking conditions in vehicles and at home, attempts to quit smoking, and reasons for quitting. The respondents were predominantly male public transportation drivers, accounting for 93 individuals (98.9%), while only 1 respondent (1.1%) was female. The presence of female public transportation drivers contributes to changing societal stereotypes and provides opportunities for women to participate in the profession.

Table 1. Distribution of Respondent Characteristics

Respondent Characteristics	Category	n	%
Age	20–35	26	27.7
	36–50	44	46.8
	51–65	20	21.3
	>65	4	4.3
Education Level	Primary School	11	11.7
	Junior High School	33	35.11
	Senior High School	45	47.87
	Higher Education	5	5.32
Monthly Income	< 1,000,000 IDR	19	20.2
	1,000,000 – 4,848,612 IDR	60	63.8
	> 4,848,612 IDR	15	16.0
Type of Cigarettes Smoked	Kretek (Clove Cigarettes)	49	52.1
	White Cigarettes	30	31.9
	Hand-Rolled Cigarettes	2	2.1
	Filter Cigarettes	9	9.6
	Electronic Cigarettes / Shisha / Others	4	4.3
Smoking in the Past Month	Yes, daily	82	87.2
	Yes, not daily	12	12.8
Smoking in Public Transportation	Yes	58	38.3
	No	36	61.7
Smoking Conditions in Public Transportation	While waiting (ngetem)	26	51.1
	While driving	3	3.2
	Both	29	30.9
Smoking While Driving	Always	3	2.1
	Often	16	13.8
	Occasionally	39	41.5
Smoking at Home	Yes	52	55.3
	No	42	44.7
Attempt to Quit Smoking	Yes	75	83.0
	No	19	17.0
Reasons for Quitting Smoking	Health	58	61.7
	Economic reasons	9	9.6
	Influence of family or friends	3	3.2
	Others	5	5.3
Others Smoking in Public Transportation	Yes, daily	56	59.6
	Yes, not daily	24	25.5
	Never	14	14.9

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Data on the compliance variable were obtained through a questionnaire consisting of three items, with a total of 94 respondents. Based on the frequency distribution analysis of public transportation drivers' compliance, the distribution is presented in the following table:

Table 2. Level of Compliance of Public Transportation Drivers at Depok City Terminal

Compliance	n	%
Non-compliant	75	79.8
Compliant	19	20.2
Total	94	100.0

The table above shows that 19 respondents (20.2%) were categorized as compliant with Smoke-Free Area regulations in public transportation at Depok City Terminal, while 75 respondents (79.8%) were categorized as non-compliant.

Table 3. Level of Knowledge of Public Transportation Drivers

Knowledge	n	%
Knowledgeable	63	67
Not knowledgeable	31	33
Total	94	100.0

The knowledge variable consisted of seven questions administered to a total of 94 respondents. Each question was scored, with a value of 1 assigned for a correct ("knowledgeable") response and 0 for an incorrect ("not knowledgeable") response. The highest possible score was 7, and the lowest was 0. The scores were categorized into two interval classes: scores of 0–3.5 were classified as "not knowledgeable," while scores of 3.6–7 were classified as "knowledgeable." Based on the results, 31 respondents (33%) were categorized as not knowledgeable, while 63 respondents (67%) were categorized as knowledgeable. Based on the frequency distribution analysis of attitudes among public transportation drivers, the distribution is presented in the following table:

Table 4. Distribution of Attitudes of Public Transportation Drivers

Attitude	n	%
Moderate	23	30.9
Good	58	62.8
Very Good	13	6.4
Total	94	100.0

The distribution of attitude scores among the 94 respondents is as follows: A total of 23 respondents (24.5%) were categorized as having a "moderate" attitude. Meanwhile, 58 respondents (61.7%) were categorized as having a "good" attitude, indicating that the majority of respondents had a positive attitude toward Smoke-Free Area (SFA) regulations. Additionally, 13 respondents (13.8%) were categorized as having a "very good" attitude. This suggests that only a small proportion of respondents demonstrated a highly supportive attitude toward SFA regulations.

Table 5. Distribution of Sanction Variables among Public Transportation Drivers

SFA Sanctions Knowledge	n	%
Knowledgeable	33	35.1
Not knowledgeable	61	64.9
Total	94	100.0

From seven questions administered to 94 respondents, each item was scored with 1 for "yes" and 0 for "no." The highest possible score was 7, and the lowest was 0. The scores were then categorized into two interval classes based on the minimum and maximum values, as follows:

- Not aware: score 0–3.5

b. Aware of sanctions: score 3.6–7

The results showed that 33 respondents (35.1%) were aware of the existence of sanctions, while 61 respondents (64.9%) were not aware.

Table 6. Distribution of Exposure to Smoke-Free Area (SFA) Information among Public Transportation Drivers

Information Exposure	n	%
Not exposed	14	14.9
Exposed	80	85.1
Total	94	100.0

The table above presents the summary of information exposure. The results indicate that the majority of respondents, namely 80 individuals (85.1%), were exposed to Smoke-Free Area (SFA) information, while 14 respondents (14.9%) reported not being exposed to such information.

Table 7. Distribution of Socialization Variables among Public Transportation Drivers

Socialization and Counseling	n	%
Yes	38	40.4
No	56	59.6
Total	94	100.0

Table 7 presents the frequency distribution of public transportation drivers' experiences in receiving socialization or education regarding Smoke-Free Area (SFA) regulations. Of the total 94 respondents, 38 individuals (40.4%) reported that they had received socialization or education about SFA, while the majority, 56 individuals (59.6%), stated that they had never received such socialization or education.

Table 8. Perceptions of the Influence of Cigarette Prices among Public Transportation Drivers

Perceived Influence of Cigarette Prices on Smoking Behavior	n	%
Yes	59	62.8
No	35	37.2
Total	94	100.0

Table 8 illustrates the relationship between cigarette prices and smoking behavior among public transportation drivers. The results show that the majority of respondents, namely 59 individuals (62.8%), stated that their perception of cigarette prices was related to their smoking behavior. In contrast, 35 respondents (37.2%) reported that their perception of cigarette prices was not related to their smoking behavior.

Bivariate Analysis

Hypothesis testing was conducted to determine whether there was an association between independent variables and the dependent variable. The analysis was performed using a significance level of 5%. The bivariate analysis in this study was conducted using the Chi-square test. The results are presented as follows:

1. The Relationship between Public Transportation Drivers' Compliance with Smoking Regulations and Knowledge, Education, Age, and Attitude

Table 9. Results of Bivariate Analysis between Compliance and Predisposing Factors

Variable	p-value	Chi-square Test Result
Knowledge	0.823	Not significant
Education	0.048	Significant
Age	0.024	Significant
Attitude	0.041	Significant

The results of the Chi-square analysis showed a significant association between compliance and the education variable, with a p-value of 0.048 (p-value < 0.05). Similar findings were observed for the age and attitude variables, where the p-values were 0.024 and 0.041, respectively (p-value < 0.05). Thus, it can be concluded that age and attitude are significantly associated with smoking compliance. In contrast, the Chi-square analysis for the knowledge variable indicated no significant association with public transportation drivers' smoking compliance, with a p-value of 0.823 (p-value > 0.05).

2. The Relationship between Compliance and Income, Sanctions, Information Exposure, and Socialization

Table 10. Results of Bivariate Analysis between Compliance and Enabling Factors

Variable	p-value	Chi-square Test Result
Income	0.020	Significant
Sanctions	0.048	Significant
Information Exposure	0.041	Significant
Socialization	0.722	Not significant

The results of this study indicate that there are significant associations between compliance with Smoke-Free Area (SFA) regulations and the variables of income, sanctions, and information exposure. Meanwhile, compliance was not significantly associated with socialization. Based on the Chi-square test, the income variable had a p-value of 0.020 (p-value < 0.05), indicating a significant association with compliance. The sanctions variable showed a p-value of 0.048 (p-value < 0.05), suggesting that the enforcement of sanctions has a significant influence on compliance. The information exposure variable had a p-value of 0.041 (p-value < 0.05), indicating a significant relationship between the information received by respondents and their compliance with SFA regulations. In contrast, the socialization variable had a non-significant p-value of 0.722 (p-value > 0.05), indicating that socialization activities were not associated with respondents' compliance. Overall, these findings suggest that predisposing factors such as education, age, and attitude play an important role in promoting compliance with SFA regulations. Similarly, enabling factors such as income, sanctions, and information exposure also contribute significantly. However, the socialization variable may not necessarily be associated with the compliance of public transportation drivers.

3. The Relationship between Compliance and Cigarette Prices

Table 11. Results of Bivariate Analysis between Compliance and Reinforcing Factors

Variable	p-value	Chi-square Test Result
Cigarette Price	0.623	Not significant

The results of the Chi-square test indicate that compliance is not significantly associated with cigarette prices. The cigarette price variable had a p-value of 0.623 (p-value > 0.05). This suggests that changes in cigarette prices do not influence the compliance behavior of public transportation drivers with respect to Smoke-Free Area (SFA) regulations.

Discussion

The majority of respondents (46.8%) were in the productive age group (36–50 years), consistent with the life-span developmental theory (Diane E. Papalia, Olds, & Feldman, 2008). This age group possesses the energy and experience that support their roles in the transportation sector, although they are also vulnerable to work-related stress, which may increase the risk of smoking behavior (James P. Thrasher et al., 2011). On the other hand, younger respondents (20–35 years) were mostly new drivers, while only 4.3% were above 65 years old, indicating physical limitations at older ages (Paul B. Baltes & Baltes, 1990). Most respondents had a senior high school education (47.87%), indicating that this sector is largely composed of individuals with a moderate level of education, consistent with previous findings (Santoso, 2019). However, limited educational attainment may affect access to health information and awareness of smoking-related risks. The majority of drivers earned a monthly income between IDR 1,000,000 and IDR 4,848,612, reflecting lower-middle economic conditions often associated with income instability in the informal sector (Michael P. Todaro & Stephen C. Smith, 2015). All respondents in this study were active smokers, with the majority consuming kretek (clove cigarettes) (52.1%). This type is preferred due to its relatively

low price and high nicotine content (Salsabila, 2022). Smoking behavior, particularly while waiting for passengers or driving, contradicts Smoke-Free Area (SFA) regulations. Smoking motivations include stress relief and social interaction, consistent with findings by Setiawan et al. (2020), which identify smoking as part of drivers' work culture.

Relationship between Compliance and Predisposing Factors

Although 67% of respondents had good knowledge about the dangers of smoking, smoking behavior remained high. This finding supports the Health Belief Model (HBM), which suggests that knowledge alone is insufficient to change behavior without environmental support and cues to action (Mulyana et al., 2022). Drivers with lower educational levels were more likely to smoke, consistent with findings by Haifa Nurdiannah (2017). Lower education limits access to health information and self-regulation, whereas higher education enhances critical thinking skills to evaluate harmful habits such as smoking (Prabhat Jha et al., 2013). Although most drivers supported the importance of SFA regulations, only 20.2% complied. This finding supports the Theory of Planned Behavior, which states that positive attitudes toward a rule are insufficient without adequate enforcement and supportive social norms. Previous studies (Thrasher et al., 2011) have shown that anti-smoking policies are more effective when supported by consistent monitoring and enforcement.

Relationship between Compliance and Enabling and Reinforcing Factors

The results indicate that several enabling and reinforcing factors influence drivers' compliance with SFA regulations. Although most respondents had low income, income was not significantly associated with compliance. This suggests that smoking behavior is more strongly influenced by social norms, habits, and the accessibility of affordable cigarettes rather than purely economic factors. Therefore, approaches focusing on changing social norms and restricting access to cigarettes are more relevant. Sanctions were found to have a significant relationship with compliance. Drivers who received sanctions or warnings demonstrated higher compliance with SFA regulations. This finding aligns with behavioral theory, which suggests that punishment can effectively reduce undesirable behavior. However, the effectiveness of sanctions depends heavily on consistent monitoring and strict law enforcement.

Information exposure was also significantly associated with compliance. Information delivered through direct education, mass media, or warning signs in terminal areas plays an important role in increasing awareness and compliance. Continuous and accessible information dissemination can reinforce social norms that support smoke-free policies. In contrast, formal socialization did not show a significant relationship with compliance. However, effective and well-structured socialization remains important for improving drivers' awareness and understanding of SFA regulations. Such efforts should involve two-way communication and utilize multiple communication channels to achieve optimal results. Regarding reinforcing factors, cigarette prices were not significantly associated with compliance. Although cigarette prices may influence smoking prevalence in general, social norms, attitudes toward regulations, and knowledge appear to play a more dominant role in influencing compliance.

CONCLUSIONS

This study shows that the majority of public transportation drivers at Depok City Terminal have not complied with Smoke-Free Area (SFA) regulations, with a compliance rate of only 20.2%. Although most drivers are aware of the regulations, smoking practices are still common in restricted areas. The majority of drivers have a senior high school education, and most earn below the regional minimum wage, indicating economic challenges that may influence behavior. Additionally, only a small proportion of drivers strongly support SFA regulations, and more than half are unaware of the applicable sanctions. Factors associated with compliance include education, attitudes, and clear information regarding regulations. The enforcement of sanctions has also proven effective in improving compliance. However, the relatively affordable price of cigarettes remains a challenge, as consumption remains high despite health warnings. These findings highlight the need for more effective communication strategies to improve awareness and compliance with SFA regulations, particularly among public transportation drivers. Based on the study findings, several recommendations can be proposed to improve compliance. Terminals are advised to provide designated smoking areas that are clearly separated from public spaces, along with supporting facilities such as clear no-smoking signs and adequate ventilation. Consistent monitoring by SFA task forces should be strengthened to ensure effective policy implementation. Community-based programs to help drivers reduce or quit smoking should also be introduced. Public awareness campaigns should continue to emphasize the importance of smoke-free environments, including encouraging community participation in reporting violations. The Depok City Government

should strengthen enforcement through regular monitoring and consistent sanctions for violators. Incentives, such as awards or special health programs, may also be provided to compliant drivers. Periodic surveys are necessary to support comprehensive policy evaluation, along with the development of additional regulations at the mayoral level to reinforce existing regional policies. Future research is recommended to cover broader areas, incorporate qualitative approaches such as interviews or focus group discussions, and explore the impact of smoking behavior on passengers to strengthen SFA policy implementation. These integrated efforts are expected to create a more conducive smoke-free environment and improve compliance with existing regulations.

REFERENCES

- A. Wawan dan Dewi M. (2010). *Teori & Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Nuha Medika.
- Adit. (2002). *Bye..Bye..Smoke*. Trieks Trimacindo.
- Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Almaidah, F., Khairunnisa, S., Sari, I. P., Chrisna, C. D., Firdaus, A., Kamiliya, Z. H., Williantari, N. P., Akbar, A. N. M., Pratiwi, L. P. A., Nurhasanah, K., & Puspitasari, H. P. (2021). Survei Faktor Penyebab Perokok Remaja Mempertahankan Perilaku Merokok. *Jurnal Farmasi Komunitas*, 8(1), 20–26. <https://doi.org/10.20473/jfk.v8i1.21931>
- American Cancer Society. (2019). Cervical Cancer Causes, Risk Factors, and Prevention Risk Factors. *American Cancer Society*, 2. <https://www.cancer.org/cancer/cervical-cancer/causes-risks-prevention.html>
- Arikunto, S. (1988). *Organisasi dan Administrasi Pendidikan Teknologi dan Kejuruan*. Jakarta: Direktorat Jenderal Pendidikan Tinggi.
- Aulia, L. (2010). *Stop Merokok (Sekarang atau Tidak Sama Sekali)*. Gara Ilmu.
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Prentice-Hall.
- Becker, G. S., & Murphy, K. M. (1988). A Theory of Rational Addiction. *Journal of Political Economy*, 96(4), 675–700.
- Bimo Walgito. (2010). *Bimbingan dan Konseling Studi Karir*. ANDI.
- BKPK. (2023). Survei Kesehatan Indonesia (SKI). In *Kemendes RI*.
- BPS. (2024). *Persentase Merokok Pada Penduduk Umur ≥ 15 Tahun Menurut Provinsi (Persen)*. <https://www.bps.go.id/id/statistics-table/2/MTQzNSMy/persentase-merokok-pada-penduduk-umur---15-tahun-menurut-provinsi--persen-.html>
- Chaloupka, F. J., et al. (2014). The Impact of Taxation on Tobacco Consumption: Evidence from Global Studies. *Tobacco Control*, 23(1), 39–46.
- Fiantika, Wasil M, Jumiyati, Honesti, Wahyuni, Jonata, E. a. (2022). Metodologi Penelitian Kualitatif. In *Metodologi Penelitian Kualitatif*. In *Rake Sarasin* (Issue Maret). <https://scholar.google.com/citations?user=O-B3eJYAAAAJ&hl=en>
- Ghany Vhiera Nizamie, & Kautsar, A. (2021). Analisis Faktor-Faktor Yang Mempengaruhi Konsumsi Rokok di Indonesia. *Kajian Ekonomi Dan Keuangan*, 5(2), 158–170. <https://doi.org/10.31685/kek.v5i2.1005>
- Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health Behavior: Theory, Research, and Practice*. 5th Edition. Jossey-Bass.
- Global Health Metrics. (2020). *Tobacco smoke—Level 2 risk*. <https://www.healthdata.org/research-analysis/diseases-injuries-risks/factsheets/2021-tobacco-smoke-level-2-risk>
- Guindon, G. E., et al. (2011). The Economics of Tobacco Control in Low- and Middle-Income Countries. *Tobacco Control Journal*, 20(2), 97–101.
- Haifa Nurdienah, K. C. R. I. (2017). Faktor-Faktor Yang Berhubungan Dengan Perilaku Merokok Sopir Bus Akap Di Terminal Terboyo Kota Semarang Haifa Nurdienah, Kusyogo Cahyo, Ratih Indraswari. *Jurnal Kesehatan Masyarakat (e-Journal)*, 5, 2356–3346. <http://ejournal-s1.undip.ac.id/index.php/jkm>
- Jha, P., et al. (2013). Smoking and Mortality: The Benefits of Cessation. *The New England Journal of Medicine*, 368(4), 341–350.
- Kemendes RI. (2016). *Pedoman Umum Program Indonesia Sehat Dengan pendekatan keluarga*.
- Martin, G. dan P. J. (2015). *Modifikasi Perilaku Makna dan Penerapannya*. Pustaka Pelajar.

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- Meydiana, R., Wijaya, D., & Kusuma, A. (2018). *Normative and Instrumental Approaches in Understanding Legal Compliance: A Multidimensional Perspective*. International Journal of Legal Studies, 10(3), 145-160.
- Mulyana, R., Laweung, I., & Arbi, A. (2022). Determinan Perilaku Merokok Pada Sopir Lintas Barat Di Satuan Pelayanan Terminal Tipe A Kota Banda Aceh Tahun 2022. *Journal of Health and Medical Science*, 2, 45–58. <https://doi.org/10.51178/jhms.v2i1.928>
- Niven, N. (2002). *Health Psychology for Health Care Professionals*. Edinburgh: Churchill Livingstone.
- Notoatmodjo. (2003). *Pendidikan dan Perilaku Kesehatan*. PT Rineka Cipta. Jakarta.
- Notoatmodjo, S. (2014). *Promosi Kesehatan dan Perilaku Kesehatan (Revisi 201)*. Rineka Cipta.
- Nutbeam, D. (2008). The Evolving Concept of Health Literacy. *Social Science & Medicine*, 67(12), 2072-2078.
- Oswal, K. C., Raute, L. J., Pednekar, M. S., & Gupta, P. C. (2010). Tobacco Control in Informal Sectors: A Case Study of Indian Workers. *Indian Journal of Public Health*.
- Rahayu, L. (2023). Perspektif Kepatuhan Hukum: Analisis Normatif dan Instrumental. *Jurnal Hukum dan Masyarakat*, 15(2), 101-110.
- Ramli, R. (2022). Penyuluhan Tentang Merokok di SMA 1 Liang Kabupaten Banggai Kepulauan. *Jurnal Pengabdian Masyarakat*, 1, 37–39.
- Riskesdas. (2018). In *Kementerian Kesehatan RI*.
- Riskesdas (2013). *Kementerian Kesehatan RI*.
- Salsabila, N.N., Indraswari, N., Sujatimika, B. (2022). Gambaran Kebiasaan Merokok Di Indonesia Berdasarkan Indonesia Family Life Survey 5 (IFLS 5). *Jurnal Ekonomi Kesehatan Indonesia*. Vol 7, No 1 (2022). <https://journal.fkm.ui.ac.id/jurnal-eki/index>
- Setiawan, C. D., Susilowati, T., & Hermawati, H. (2020). Hubungan Perilaku Merokok dengan Tingkat Konsentrasi pada Sopir Bus di Terminal Tirtonadi Surakarta. *ASJN (Aisyiyah Surakarta Journal of Nursing)*, 1(1), 25–28. <https://doi.org/10.30787/asjn.v1i1.652>
- Sitepoe, M. (2000). *Kekhususan Rokok di Indonesia*. Gramedia.
- Tong, E. K., et al. (2018). Barriers to Smoking Cessation in Smokers with High Knowledge of Smoking Risks: The Role of Social and Environmental Factors. *Journal of Public Health Research*.
- WHO. (2020). *Indonesia sehat dan sejahtera melalui cukai dan harga produk tembakau yang lebih tinggi*. <https://www.who.int/indonesia/news/detail/09-10-2020-pernyataan-who-indonesia-sehat-dan-sejahtera-melalui-cukai-dan-harga-produk-tembakau-yang-lebih-tinggi>
- WHO. (2023). *Smoking is the leading cause of chronic obstructive pulmonary disease*. <https://www.who.int/news/item/15-11-2023-smoking-is-the-leading-cause-of-chronic-obstructive-pulmonary-disease>
- WHO SEARO. (2019). *Global Youth Tobacco Survey (GYTS) Indonesia Fact Sheet*.