

## A Qualitative Analysis of Smoking Behavior from a Gender Perspective in Indonesia

Nurul Kodriati<sup>1)</sup>, Rizanna Rosemary<sup>2,3)</sup>

<sup>1</sup> Faculty of Public Health, University of Ahmad Dahlan Yogyakarta, D.I. Yogyakarta, Indonesia 55166

<sup>2</sup> Department of Communication Studies, Faculty of Social and Political Science, University of Syiah Kuala, Aceh, Indonesia 23111

<sup>3</sup> Pusat Riset Ilmu Sosial dan Budaya, University of Syiah Kuala, Aceh, Indonesia 23111

✉Email: [rizanna.rosemary@usk.ac.id](mailto:rizanna.rosemary@usk.ac.id)

### ABSTRACT

**Background:** In Indonesia, smoking is very prevalent, mainly among men, causing a high prevalence of smoking-related diseases. In this country, smoking is linked to social construction rooted in how to become men and women. Male smoking is acceptable; otherwise, the social stigma associated with female smokers drives them to conceal their habits, making intervention difficult. **Objective:** The paper examined the gender aspect of smoking and communication in promoting health within a sensitive issue and context—smoking and gender in Indonesia. **Method:** This paper employed a thematic analysis of two doctoral theses on gender and smoking, each thesis representing either male or female aspects, to explore the relationship between gender values and smoking. Mutual factors contributing to men's and women's smoking behaviors were gender values related to smoking, the importance of different life stages, and children as an entry point for adult smoking cessation. **Results:** Tobacco control interventions may be hampered if these influences are undermined. **Conclusion:** It can be concluded, smoking-related health communication must consider gender variations and empower gender values.

**Keywords:** Gender, Indonesia, Masculinity, Smoking, Stigma.

### INTRODUCTION

There are actually increasing numbers of Tobacco Control (TC) regulation take place in Indonesia (Septiono et al., 2020). The Smoke Free Area (SFA) restriction is an example, the regulation prohibiting smoking in public place become compulsory for every province and districts. Even though the implementation varies from 45% in Bogor, a city close to the capital, to 17% in Jayapura, a province far from the center of government (Sulistiadi et al., 2020; Wahyuti et al., 2019).

The improvement from tobacco policy as above still has not reflected reduction in smoking prevalence among men. Unfortunately, the number of male smokers still tend to increase even though the most recent WHO report highlighted reduction in smoking prevalence prediction up to year 2025 (World Health Organization, 2019). Indonesia is in the extreme example of much higher prevalence among male population compared to female's (Collaborators et

al., 2017). When smoking among men is too prevalent and socially acceptable (Kodriati et al., 2018) making it hard for smoking control and intervention. At the same time, a steady increase of smoking prevalence among female adults as they grow older were observed in the country even though numbers of female smokers is relatively low (World Health Organization, 2019). Furthermore, women are also more prominent to be stigmatized when they are smoking compared to men's (Rosemary & Werder, 2023). Ultimately, female smokers are difficult to reach out and get the help they need may be hindered (Rosemary, 2020).

Thus, further inquiry should be made related to whether the establishment of TC regulations applicable in society and whether they are relevant to people's needs and circumstances or not. From the perspective of gender, both men and women try to be fit with certain gender values as expected by the society (Meeussen et al., 2020; Morrow & Barraclough, 2010). Boys, for example, want to proof that they have physical

resilience to the harms of smoking or minimize its risk (East et al., 2021), associating smoking with masculine characteristics different from feminine traits and accepting that engaging in smoking depicts them as being separate from girls (Kodriati et al., 2018).

Meanwhile, the smoking stigma towards women is a result of social construction that is shared among the community to discredit, devalue, and disregard others when identified as different or involved in deviant behaviors. Some women smokers said they had no choice and were compelled to accept and adapt to the social norm. They negotiated the social stigma by accepting it and concealing their smoking from public view (Triandafilidis et al., 2016). Thus, women who smoke are culturally labeled as inappropriate smokers, placing them in a more vulnerable position rather than overcoming their health-related problems (Evans-Polce et al., 2015a).

In light of gender influence as above, anti-smoking messages should be framed should consider the influence of gender and risk perceptions associated with (Gu, 2023). Certain messages are easy to understand and accepted for each gender. Messages that translate difficult epidemiological facts with their daily experiences. Such messages may offer an opportunity to be, at least, not defensive

towards smoking regulations and consider a smoking-free lifestyle. The paper examined a balanced gender perspective as a sensitive issue and context of smoking, as well as its communication aspects in Indonesia.

## METHODS

This study reviewed and analyzed two doctoral theses on gender and smoking, each thesis representing either male or female aspects. The first thesis was about women's interpretation of anti-smoking advertising (Rosemary, 2020). The thesis not only talks about how women perceived the existing anti-smoking ads but also explains what motivates women to smoke and how they perceive the smoking issues in the country. Meanwhile, the second thesis talked about how masculinities or the values of being men shaped men's smoking behavior (Kodriati, 2021). This thesis explored how men exercised their manhood as early as school age.

Each author read both theses and conducted a thematic coding analysis of the findings. Thematic analysis was employed to extract the commonalities' themes between the two theses.

## RESULTS AND DISCUSSION

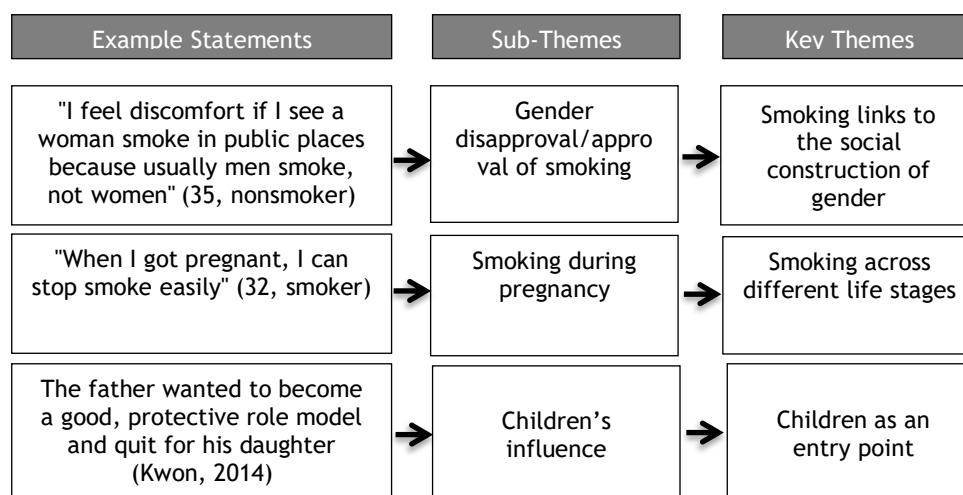


Figure 1. Themes and Sub-Themes from Related Statements.

Analysis of the two theses found that both men and women associated their smoking behaviors with certain gender

social constructions of smoking. There were three main findings to be highlighted for this study. Those three themes were

Smoking links to the social construction of gender, Smoking across different life stages, and children as entry points for effective TC campaigns. Each key theme corresponds to one sub-theme of gender disapproval/approval of smoking, smoking during pregnancy, and children's influence, respectively. Furthermore, each theme and subtheme was established from men's and women's data in each thesis.

#### *Smoking Links to the Social Construction of Gender*

The first theme presented how both genders perceive smoking-related issues in the community. In general, smoking among men is normalized, and some men undermine the hazards of smoking "Smoking hazards were not an important issue, mostly because male smoking is socially acceptable". This kind of value may be underpinned by their understanding of becoming men who have to be strong and in control of their health (Kodriati, 2021). In their study that was included in the review paper, boys were described as tending to conform to their peers and in a manly manner that is different from girls "If we don't follow our peers and smoke, they will call us feminine".

Otherwise, for women, social stigma to women smokers (mostly in Aceh) made them choose smoking in private (hidden smokers), which also explains, the increased trend of female smokers in the country, which is maybe much more than what was displayed in the previous data. The stigma was represented by the quote, "I don't know, I feel discomfort if I see a woman smoke in public spaces because usually, men smoke, not women".

The first thesis found both external and internal factors. The majority of female participants she interviewed, both smokers and nonsmokers, had significant male others, such as husbands, fathers, or partners, who had started smoking at a young age (between the ages of 9 and 12).

Participants were asked to explain the factors that influenced their smoking habits. Outside factors such as peer pressure, family members, friends, colleagues, and respected agency control were the primary reasons (85%). Surprisingly, the majority of the pressure came from men. For example, a nonchalant attitude of women's health practitioners (male general practitioners)

who neither minded nor discouraged their smoking behavior. 'My ob-gyn is a smoker; he has no issues with my smoking during pregnancy.' He even persuaded me that smoking isn't the only source of illness' (WR, 36, smoker). Another smoker shared her story about how her father's smoking habit influenced her decision to start smoking.

My late father smoked and used to leave cigarette packs all over the house. I've always wondered why he seemed to enjoy smoking so much. When I was in sixth grade, I tried my first cigarette. We tried an abandoned cigarette left on the table one day with my brother. I've been enjoying it since the first inhale, but my brother hasn't. I began smoking in high school and became an active smoker in year 12 senior high school. (RN, 37, smoker).

Another participant stated that the loss of a loved one, as well as the subsequent feelings of grief, sadness, and distress, was the catalyst for her smoking. When my father died, I began smoking. I was very sad, especially the night before Dad's body was cremated later that morning. When I asked my husband if he smoked, he replied, 'Yes, but not too much.' So, even though I was breastfeeding, I smoked the entire night (ED, 49, smoker). Outside, mostly male forces are said to be the most difficult obstacles to quitting smoking, especially when they come from friends and colleagues. In other words, smoking hazards were not a major concern, owing to the fact that male smoking is socially acceptable. Female smoking, on the other hand, is considered harmful. Instead of being a health issue, smoking women is bad for society. While women are culturally protected from smoking, they are more likely to be stigmatized when they smoke. Finally, female smokers may find it difficult to reach out and receive the assistance they require.

#### *Smoking Across Different Life Stages*

The second theme showed that both men and women have different experience of smoking according to their life stages. One of the most important life stages starts when they have their own family by getting married and having children. The findings showed that both men and women tend to perceive this stage of life as the time when they need to adjust their smoking behavior to the better.

In the first thesis, female youth smokers are seen as smoking to show off and rebel, but more mature females, are aware of smoking as harmful and commit to quitting smoking if they get married or pregnant, suggesting that single smoking women have the intention to quit smoking if they move to their next stage of life that is having a family. Being a caretaker and caregiver are mostly assigned to women when they get married and have children. Women smokers perceived smoking women as bad behavior, particularly those who are considered vulnerable, regardless of their age or circumstances, such as adolescents, married women, and pregnant women. Although this perception may not apply to all ages, the findings suggest that there is a specific lifestyle preference regarding tobacco use, with adult smokers perceiving themselves as more mature than young people. The concept of maturity corresponds to the idea that adult smokers are more likely to start smoking than their younger counterparts. Furthermore, within the smoking group, young female smokers who are new to smoking may have unconsciously justified and reinforced the social stigma against female smokers.

This resonates with findings of a previous study showing that social influences, people's quitting smoking—and women in particular are mostly influenced by two social norms, subjective quitting norm (significant others' expectations that one should quit) and descriptive quitting norm (significant others' quitting behavior) (East et al., 2021).

For males, boys tend to believe that their health is indestructible and that they are in control of their health. According to a qualitative study based in Canada, this tendency may improve when a man becomes a father because he wants to learn how to be a good protector, which includes protecting his family from the dangers of tobacco. However, such findings could not be verified from a national masculinity survey (Kodriati et al., 2020). Given the fact that Indonesian men have different cultural contexts which leads to different experiences, they have less opportunity to take care of the baby and less time to reconsider their smoking behavior. Simultaneously, married men's smoking behavior was tolerated by their spouses, despite the fact that smoking is harmful (Ayuningtyas et al., 2021).

### *Children as an Entry Point for Smoking Cessation*

The third theme was that children have the potential to be an important entry point for men and women to reduce their smoking behavior. Even though women tend to dominate childcare, men who have the opportunity to be close to children, particularly babies, may reap some benefits by becoming good protectors and role models for their children (Walrave et al., 2023). Doing health for others, especially loved ones, is one of the important messages found in this study which can be used to develop anti-smoking messages targeting men (Gu, 2023). Despite admitting inability to quit smoking, a small number of female smokers stated that quitting was not difficult. Even though she was highly motivated, one participant had tried to quit several times without success.

I can't stop smoking, but I like knowing if my pack is still full or half-full. I told my friends that if I got married and wore a veil, I would stop smoking because I want healthy children. I don't mind if my husband smokes, but I will no longer smoke. (CM, 35, smoker)

Likewise, the women were aware of the dangers of smoking to pregnant women and newborn babies. As a result, they desired healthy children. Married women and mothers were also aware of the dangers of smoking to children. 'When I became pregnant, I was able to quit smoking easily' (CH, 48, smoker). Furthermore, both female smokers and nonsmokers disapproved of smoking by adolescent females, married women with children, and pregnant women. Women distinguished between 'good' female smokers and 'bad' female smokers. In Banda Aceh and Jakarta, both mature smokers and nonsmokers disapproved of young female smokers, reflecting the stereotyped perception of younger women's motivations for smoking. Participants who smoked stated that, unlike 'real women' smokers, young females (often adolescents) smoked as a lifestyle choice. In this case, men may be expected to change their smoking habits for the sake of their children.

Gender is an important identity that was shaped and developed during adolescence. Both men and women

perform specific behaviors to fit with the expectations of society. About smoking, several qualitative studies have highlighted how people's attitudes toward smoking were based on their understanding of their gender. The perspective of each gender will be discussed separately, starting with men, in this section.

Men are disadvantaged by the masculine social construction, which encourages them to possess and exhibit traits such as strength, toughness, and heroism (Gough & Novikova, 2020). These are well-known characteristics of hegemonic masculinity (Connell, 2020), a type of masculinity commonly used to study men's smoking habits (Kodriati et al., 2018). To show others, and themselves, that they possess such masculine traits and physical resilience, some men welcome risks and challenges in their lives including the risks of smoking. Thus, such characteristics frequently lead to risky and unhealthy behaviors in men, such as smoking and alcoholism (Mursa et al., 2022) especially at a young age. However, men's smoking behaviors and perceptions may change throughout their life. As young men grow older, their belief in their physical resilience to the harmful effects of smoking leads to more moderate smoking behavior.

There are two prominent gender theories to be used to understand the above findings: hegemonic masculinity, as above, and 'doing gender' (Gough & Novikova, 2020; Morris, 2011). Hegemonic masculinity was used to exert power over women or other masculinities, whereas 'doing gender' refers only to gender difference, which we do continuously rather than being influenced. Gender, according to the latter viewpoint, is a dynamic characteristic that people constantly exhibit through their social interactions. It is reproduced and performed rather than being deeply rooted in society and its people.

'Doing gender' positions men as active agents, allowing men to be reproduced indefinitely. Whether boys smoke to demonstrate their masculinity and strength (Mursa et al., 2022). 'Doing gender' positions men as active agents, allowing men to be reproduced indefinitely. Whether boys smoke to demonstrate strong and masculine characteristics or to conform to their

environment and maintain social harmony, men do so under their gender prescription. Unfortunately, some men smoked to cope with stress at their different stages of life (East et al., 2021) and fit into the social construction of men, who are expected to be strong (not to seek help from others), have less complaints, and be emotionally stable. These characteristics are more prominent among young men.

In addition to the above gender prescription, in Indonesia, the main narrative of becoming a (adult) man is, mainly, how to be a reliable provider and who are attentive to the needs of their family (wives and children). Using this logic, the 'heroic' sense of becoming a man for fathers may motivate some men to alter their smoking habits for the sake of their children in order to protect them from the dangers of smoking. Smoking behavior changes may not result in an immediate cessation of smoking, but they may reduce the number of cigarettes smoked per day (CPD) or choose locations away from their family. An Indonesian masculinity survey support such premise only when fathers are not the only breadwinner of the family, either shared their income with their wife or with their parents (Kodriati, 2021; Kodriati et al., 2020). Unfortunately, the primary roles men are expected to play are that of a dependable 'breadwinner' worker and provider for their family (Walrave et al., 2023) shared financial responsibility means less stress for men. When men use smoking to cope with stress throughout their lives, men may be able to reduce their CPD.

An investigation on young women's perceptions of smoking from the standpoint of social identity (Davey & Zhao, 2020). The study was designed using a qualitative approach that included 13 focus group discussions (FGD) and six intercept interviews with Australian women aged 16 to 28 years old, including young women smokers, ex-smokers, and non-smokers. These women were gathered using a variety of methods, including promotional materials and snowball techniques. The FGDs had 2 to 7 participants, with some groups including both smokers and nonsmokers who were recruited based on friendship groups and other circumstances. The authors persuaded the group members not to jeopardize the discussion, and the questions were given to smokers and

nonsmokers separately to record their specific responses to the given questions (Davey & Zhao, 2020). The study discovered that women's smoking habits are influenced by their social identities.

During data collection, three social identities emerged: the cool smoker identity, the considerate smoker identity, and the good mother identity. Young women who became regular smokers are referred to as "cool smokers." These smokers perceived smoking as a 'cool' behavior, which influenced their smoking initiation; thus, while nonsmokers perceived smoking among women as a symbol of 'outgoing and rebellious behavior,' they were more likely to perceive smokers as disreputable people who are easily influenced. The second identity, the "considerate smoker," refers to young women, the majority of whom are smokers, who regard smoking in public places as unacceptable behavior. This considerate group also divided female smokers into "considerate smokers" and "inconsiderate smokers." "Considerate smokers" were those who understood that smoking is a personal choice but were considerate of nonsmokers, such as children. In contrast, "considerate smokers" were those who tended to affect others with their smoking behavior, such as mothers who smoke around their children or pregnant women. Finally, the "good mother" identity refers to young mothers and pregnant women who have attempted to quit smoking during their pregnancy due to health risks, for example. This group can also be classified as "considerate smokers." (Davey & Zhao, 2020).

Furthermore, McDermott et al examined young women's perceptions of cigarette smoking across life transitions and discovered that social role has a significant influence on women's tobacco consumption. The study found that women's perceptions of smoking changed from the time they started smoking, i.e. adolescence, to early adulthood, when they enter their other phase of life as mothers, for example (Stacey et al., 2022). The women's attitudes toward smoking appeared to discourage conditions that would improve the family's health and could become an impediment to smoking cessation. As a result, raising awareness among women about the harmful effects of smoking will significantly reduce tobacco use among the next generation. According

to Lennon, this different perception of smoking aids in identifying approaches for smoking cessation interventions, particularly at the social level.

Many studies have highlighted The adoption of accurate and neutral language when referring to individuals who smoke can help mitigate the stigma associated with smoking and improve the precision of scientific discourse (Williamson et al., 2020). These studies found that condemning smoking behavior helped to reduce smoking practices. While our paper endorses other studies that have shown the downsides of utilizing 'stigma' in tobacco control intervention (Evans-Polce et al., 2015b; Triandafilidis et al., 2016), these studies affirmed that smoking-related stigma tends to agree that stigmatization strategies in public health (e.g. tobacco control) are not effective and could lead to negative consequences (Williamson et al., 2020). Future research needs to explore other methods to mitigate the stigma into a more positive tone/message to make women rethink their risky behavior.

While the research findings indicated that there are likely to be changes in how women smoke throughout their lives, it is assumed that as they get older, they will be more likely to quit smoking (Jackson et al., 2024); however, this finding is likely to ignore the tendency of growth in the smoking rate among young people (teenage girls) who continue to smoke during their early adulthood stage with no guarantee that they will be more likely to quit smoking. While the societal expectation towards women is to care for and nurture their family as above, some women tended to place a greater emphasis on the harm that their stress would cause the fetus, justifying their decision to continue smoking while denying the direct negative effects of smoking on the fetus. The smoking phenomenon among pregnant women demanded a thorough examination. Even if they were aware of the health risks of smoking to their fetus, women may face several other obstacles to quitting, including willpower, the meaning of smoking, a lack of cessation support, factual knowledge, changes in smell and taste, etc.

At the same time, it is difficult to imagine how women can help educate their children and family members about the dangers of smoking if they are not



involved in discussions about the issue from a female perspective. The ro thesis also discovered that some smokers in the study are aware that smoking is harmful and intend to quit. The single female participants were unwilling to give up smoking until they married. Women place a high value on raising a healthy family. They are aware of the risks of smoking for pregnant women and newborn babies, and they want to have healthy children. Married women and mothers are also aware that smoking is harmful to children. These findings are consistent with previous research that found children are more influenced by anti-smoking messages than older people (Nicolini & Cassia, 2022). In the absence of anti-smoking messages aimed specifically at female smokers, study participants expressed a desire for more engaging testimonial anti-smoking messages delivered by women and children.

Since only reflects on two dissertations, this paper may not be

adequate to capture and provide a concrete pattern of smoking-based gender. Nevertheless, the paper provides different insights to understand future interventions necessary to reduce smoking prevalence in the country, that is through the lens of the smokers itself (Rosemary et al., 2022). For instance, the widespread exposure to tobacco advertisements that promote smoking as a symbol of freedom, body-weight control, and social identity is likely to put these young women in a more vulnerable position. More comprehensive strategies are required in this case, such as restricting advertising that promotes positive images of women smoking, such as "freedom, independence, and beauty," and reinforcing social groups that address the health risks of tobacco to smokers and nonsmokers (second-hand smoke). The role of non-governmental organizations (NGOs) and women's leadership that focus on women and the tobacco issue from a gender perspective is critical.

## CONCLUSION

Given the long history of cigarettes in Indonesia, especially among men, tobacco control regulation should integrate a comprehensive gender knowledge that gender could accept. Redefinition of gender in smoking issue; empowering instead of gender labeling. There is a slight difference between gender labelling and empowering which will give the impact will be huge. People's views on what constitutes appropriate gender behavior influence their smoking decisions. The dynamics of this relationship operate in specific contexts. This emphasizes the importance of supportive environments in enhancing and promoting aspects of gender that are protective against smoking throughout their lives. In other words, consciously or unconsciously, gender still plays the main driver of our behavior. The cultural protection against smoking among women could have a negative effect which makes the smoking stigma stronger. At the same time, the general acceptance of smoking among men could serve as a big obstacle to smoking cessation and reduction. This issue requires to be addressed carefully and equally for both women and men.

Learning from the themes of this study, smoking can be associated with the construction of gender, both male and female. Still, the form of the relationship between gender and smoking is different. Tobacco control in general needs to consider how gender influences smoking behaviors. The high burden of smoking among men should lead us to develop different alternative ways of delivering anti-tobacco messages since some men undermine the messages. Then, tobacco control needs to implement different strategies and concepts of anti-smoking messages for each gender in different life stages and to disassociate smoking from any gender. For example, positive messages that contained information of the benefits they might have for not smoking and developing positive masculinity and femininity values at different stages of life might complement the information of the harms of smoking.

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