Spiritual Approach and Tiered Counselling as a Non-Pharmacological Therapy to Control Smoking Behavior of Elderly Women in Dieng

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ABSTRACT

***Background**: The religious atmosphere and various efforts to prevent smoking behavior in the Dieng Plateau have not raised awareness of smoking cessation, especially for elderly female smokers, even though the number of Acute Respiratory Tract infections and chronic respiratory disorders is increasing. To reduce smoking behavior, tiered counseling efforts and spiritual approaches can be used as alternative steps. **Objectives**: This research was to determine the reduction in smoking rates among elderly women in the Dieng Plateau after being given a spiritual approach as a non-pharmacological therapy. **Methods**: The type of research used was a quasi-experiment that provided pharmacological therapy (spiritual approach) to the control and intervention groups. **Results**: The research results showed that the smoking reduction rate was more significant after being given the spiritual approach intervention than the tiered counselling. The mean knowledge of the spiritual approach group was (95.37) and the tiered counselling group was (91.96) with a mean difference of 3.41. Therefore, health promotion using a spiritual approach is more effective in increasing the willingness of elderly women to control their smoking behavior compared to the multi-level counseling media. **Conclusion**: This study concludes that a spiritual approach is more effective than tiered counselling in reducing smoking rates among elderly female smokers in the Dieng Plateau. However, integrating both methods can better empower elderly women to control their smoking behavior and improve their overall health outcomes.*

***Keywords**: Elderly, Smoking, Spiritual Approach, Tiered Counselling, Women*

INTRODUCTION

WHO stated that smoking behavior causes lung cancer by 90%, chronic obstructive pulmonary disease (COPD) by 75%, and heart-related diseases by 25%. In some parts of Indonesia, the prevalence of smoking is dominated by teenagers which reaches 37% (WHO 2019). However, in Wonosobo Regency, as the area at high altitudes with cold temperatures reaching 1 degree Celsius, as many as 41% active smokers are elderly, even 29.5% are women or grandmothers (Dinas Kesehatan Wonosobo 2019). Some of the elderly smoking women have a high social status and tend to be respected in their environment because of their ancestral culture.

Women in Dieng Wetan and surrounding areas are used to smoke from a very young age. According to a survey of 12 women, 9 of them started smoking at the age of 11, before graduating from elementary school. It is in line with the average age for children to smoke cigarettes for the first time at 11 to 13 years (Mirnawati et al. 2018).

Indonesia has an increasing number of smokers at a young age, even starting at under 18 years of age. The increase can reach 28% every year. On the other hand, the proportion of men who smoke every day tends to be more than those of women smokers (46.5%: 1.7%). The percentage of smokers in Central Java, especially in Wonosobo Regency, is 41.8%. The highest percentage of smokers is those in 15 to 19-year age by 45.6%, and of which 28% of smokers smoke at any time (Riskesdas 2019).

There are various efforts that have been made to at least control smoking behavior, considering that the impact of

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this behavior affects not only the smokers but also the people around them. Smokers who are already addicted to cigarettes often try to quit smoking. However, they still show a high level of pessimism, as they believe that they can go without food, but cannot go without smoking. There has been a shift in the need for smoking to become a basic need and beat other needs such as clothing, housing, and even food (Hasibuan 2021).

The growing phenomenon and belief that the taxes generated from cigarettes are substantial have become an obstacle for the government to take firm action or implementing policies related to cigarettes. That makes cigarette factories continue to exist. The existing policies are only related to marketing methods and increases in cigarette excise, which of course, this can hinder efforts in controlling smoking behavior. Even various diseases caused by smoking such as lung cancer, heart disease, etc., are still uncontrollable (Tarwoto and Wartonah 2023). The causes of smoking behavior often emerge during adolescence, a phase when teenagers are searching for self-identity. Additionally, environments that strongly support smoking behavior—such as having parents who smoke, cold weather, excess pocket money, and the unrestricted sale of cigarettes—are also contributing factors to smoking behavior.

The spiritual approach which is part of non-pharmacological therapy is a very important point in controlling unhealthy behavior, in this case smoking, especially in the Dieng village which has a thicker and more visible religious atmosphere than the surrounding areas in Central Java. This can be seen from the large number of Islamic boarding schools in this area, the Islamic style of dress among the residents, the presence of many grand mosques that are bustling during prayer times, and frequent religious studies held to commemorate Islamic holidays and regular recitations.

With this spiritual approach, it is hoped that future generations will not inherit their ancestors' behaviors. The spiritual approach also serves as a strategy to reach elderly female smokers, where family members are at higher risk of cigarette exposure as passive smokers. This is particularly significant considering the increase in cases of respiratory infections, congenital heart defects in toddlers, and lung cancer in this area over the past three years.(Dinas Kesehatan Wonosobo 2019).

This research is important to carry out, considering that there has never been a similar study where a spiritual approach has become iconic in areas with strong religion, especially the respondents targeted are elderly women who smoke considering the role of a woman in the household is very important, and the research uses tiered counselling which takes into account the level of desire, nicotine dependence and level of motivation to quit smoking.

METHODS

Study Design

This research was studied using a quasi-experimental method or pre-experimental research using a comparison group design with a post test-only control group design. Pre-experimental research is the weakest experimental research design and does not prove causality. The static group comparison is a pre-experimental design where there is a control group. Here, the group that was given intervention will be observed and compared with the control group that was not given intervention.

Samples and Participants

The population of this study was 122 elderly women in Dieng Region, Kejajar Wonosobo District. The sampling technique used a saturated sampling technique, so the entire population became the research sample, with 61 people as the intervention group sample and 61 others as the control group, with a total 122 of elderly women.

Instruments.

The following is a systematization of non-pharmacological therapy methods:

1) **Initial Identification**
   a. Introduction to Smoker Identity
   b. Identification of Nicotine Dependence
   c. Identification of levels of motivation
2) **Evaluation and Motivational Support**
   a. At all levels, there is a meaningful discussion process which is to examine the extent to which the sufferer is motivated to quit smoking.

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b. If a person's level of motivation is low/insufficient, motivational support is needed. Motivational support is needed from other family members or close friends and family.

3) Management / Therapy

a) Non-Pharmacologist Therapy
b) Pharmacologist Therapy
c) Nicotine Replacement Therapy/ NRT
d) Bupropion SR
e) *Varenicline tartrate*

Efforts to combine or combine non-pharmacological and pharmacological therapies can provide success in efforts to control smoking for a person.

4) Specifications of the Spiritual Approach

The specifications of this method are:

a. Application of the method for smokers who have the intention to quit
b. Application of the method for smokers who wish to reduce slowly to not smoking at all
c. Application of the method for smokers who do not want to quit smoking.

Data Analysis

The collected data were managed and analyzed using statistical analysis software (SPSS Statistics 22). Descriptive statistical analysis and paired t-test statistical tests were used if the data were normal. If abnormalities were found in the data, this research used the Wilcoxon signed rank test with a significance level of a < 0.05 which was carried out with the help of the SPSS 22 computer application.

Ethical Considerations

This research has received ethical approval from the Health Research Ethics Committee of the Surya Global Yogyakarta College of Health Sciences with number 5.23/KEPK/SSG/X/2024.

RESULTS AND DISCUSSION

Description of Respondents' Characteristics

This study used 122 respondents to control smoking behavior among elderly women in the Dieng Plateau. Respondents' characteristics are outlining a description of the respondent's identity according to the research sample that has been determined. Based on the research results, the results of the frequency distribution of respondents were as follows:

Table 1. Frequency Distribution of Respondents by Gender, Age, and Occupation in the Dieng Plateau in 2024

No	Gender	Amount	Percentage (%)
1.	Woman	122	100
	Total	**122**	**100**
No	**Age**	**Amount**	**Percentage (%)**
1.	60-69	53	43,4
2.	70-79	60	49,2
3.	>80	9	7,4
	Total	**122**	**100**
No	**Occupation**	**Amount**	**Percentage (%)**
1	Farm workers	30	24,6
2	Trader	20	16,4
3	Farmer	66	54,1
4	Self-employed	6	4,9
	Total	**122**	**100**

Primary data source: 2024

Based on the table above, it can be seen that all of the 122 respondents were female with a percentage of 100%. Most of the respondents aged 70-79 were 60 respondents with a percentage of 49.2%. The group of respondents aged 60-69 was 53 with a percentage of 43.4%, and the group of respondents aged >80 was 9 respondents with a percentage of 7.4%. Based on the respondents' occupation,

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the majority of respondents' occupations are farmers at 54.1%, farm workers at 24.6%, traders at 16.4%, and the remaining 4.9% in the private sector.

Initial Identification of Respondents Identification of Smoker Profile

The respondents have been identified based on smoker profiles with the range: want to quit smoking, and don't want to quit smoking. The following are the results of identification of smoker profiles:

Table 2. Identification of Smoker Profiles

No	Identification of Client Type	Strategy	Number of respondents	% Achievement
1	Clients who want to quit smoking	Help them with the 4T steps (Ask, Study, Help and advise, and Follow up)	78	100 %
2	Clients who do not want to quit smoking (want to reduce)	Increase clients' motivation (Example: by providing motivational interviews/counselling)	24	50%
3	Clients who do not want to quit smoking	Provide direction to maximize physical sports activities.	20	0%
Total respondents			**122**	**100%**

The table shows that 78 clients want to quit smoking, 24 clients wish to reduce their smoking, and 20 clients do not want to quit. These results indicate that the majority of the elderly (78 individuals) are eager to stop smoking.

The first column shows the group of respondents who wanted to quit smoking after being given the 4T strategy (Ask, Study, Help and advise and Follow up). The achievement rate reached 100%. It is because all the 78 respondents who were willing to quit smoking, after being given 4T counselling, had stronger willingness for not smoking. Their family members also informed that they had completely stopped smoking which supported this data. For the group that is trying to reduce smoking, the strategy used is to increase their motivation by motivational interviews/counselling with a success rate of 50%. Of the 24 respondents, only 12 respondents are really willing to reduce smoking per day and 12 others are still delaying.

For the group who don't want to quit smoking, the strategy used is to motivate them to do more exercise to achieve a 0% achievement rate since they don't want to quit smoking for whatever reason.

Counselling Approach According to Age Group

Table 3. Counselling Approaches According to Age Groups

Age	Characters	Approach
Teenagers	- They have short-term perspective - They assume that smoking is not an addiction - Their reasons for smoking are socialization and appearance	- Avoid giving scary advice (diseases) - Focus on the direct impacts of smoking (smelly breath, yellow teeth/fingers) - Emphasize the impact of nicotine & CO on sports performance - Explain dishonest cigarette advertising
20-30 years	- Many smokers in this group are newly married - They start to realize the bad effects of smoking - They want to stop, but addicted - They want to stop because they will be pregnant/ are pregnant	- Support quitters to quit quickly → The bad effects of smoking are cumulative - Explain the bad effects of cigarettes on passive smokers - Explain the dangers of smoking to the fetus

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31-40 years	- They are responsive to stop assistance - They are worried about the effects of nicotine withdrawal symptoms - They have tried to stop → failed	- Emphasize the importance of a good quality of life - Explain: a) Nicotine withdrawal symptoms → temporary & manageable b) Pain → chronic - Failure is a delayed success → need to keep trying
> 40 years	- They assume that keep smoking is not a problem, since they have been smoking for a long time - They have tried many times to stop smoking → keep failing	- Sympathetic to their logic - Emphasize the benefits of quitting smoking at any age - Explain that relapse is a common → Continuing to try is important

Given that the respondents were elderly, with an average age of over 60 years, the approach focused on being sympathetic to their perspective. It emphasized the benefits of quitting smoking at any age and explained that relapse is common, highlighting the importance of continued efforts.

The counselling approach used is for those aged over 40 years. Because the respondents in this service are elderly, the approach is to be sympathetic to their ways of thinking regarding smoking, emphasize the benefits of quitting smoking at any age, explain that relapse is common and that continuing to try is important. Fortunately, some of the respondents in the category of willing to quit smoking were greatly helped in the process of quitting smoking.

Identification of Nicotine Dependence

The desire to quit smoking can also be hampered because of a high level of nicotine dependence found in the smoker's body. This can be tested using the Fagerstorm test questionnaire, which is a test to measure the severity of nicotine addiction. Considering the nature of nicotine addiction, every smoker who has smoked regularly for a certain period is already addicted. What makes them different is the level of addiction.

Table 4. Levels of Nicotine Dependence

Levels of Nicotine Dependence	Average	Percentage (%)
Low Dependability	39	**31,9**
Moderate Dependability	35	**28,7**
High Dependability	48	**39,4**
Total	**122**	**100**

Primary data source: 2024

A total of 35 of the 122 respondents had moderate nicotine dependence, while 39 others had low levels of dependence and the remaining 48 had high level of nicotine dependence. The respondents who have high nicotine dependence because they have smoked for a long time, some have even smoked since the age of 16 and only stopped at the age of 73.

Identification of the level of motivation.

The respondents were asked how much motivation they had to quit smoking on a scale of "0" to "10".

0 = No motivation at all

10 = Very motivated/very high motivation

Of the 20 respondents, the number was 0 because they were not motivated at all to quit smoking.

Elderly Willingness Levels before Being Given Spiritual Approach and Tiered Counseling to Control Smoking Behavior

The results of measuring the level of willingness of elderly women in the Dieng Plateau before intervention in the form of Spiritual Approach and Tiered Counseling can be seen in the following table:

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Table 5. Frequency Distribution of Elderly Willingness before Being Given Spiritual Approach and Tiered Counseling to Control Smoking Behavior

Will	Pre-Test Spiritual		Pre-Test Tiered Counseling		Total	
	N	%	N	%	N	%
Good	10	16,4%	14	23,0%	24	19,7%
Not good	51	83,6%	47	77,0%	98	80,3%
Total	61	100%	61	100%	122	100%

Primary data source: 2024

From the table, it can be seen that the pre-test results for the spiritual approach for the willingness to smoke were good for only 10 people or 16.4% of the total group of respondents (61). Meanwhile, the other 51 respondents had poor willingness (low willingness) by 83.6%. Likewise, the willingness before providing tiered counseling was low, only 14 respondents who had goodwill while 47 respondents (77%) had less goodwill.

Level of Willingness of the Elderly after Being Given Spiritual Approach and Tiered Counseling to Control Smoking Behavior

The elderly willingness after being given spiritual approach and tiered counseling can be seen in the following table:

Table 6. Frequency Distribution of Elderly Willingness after Being Given Spiritual Approach and Tiered Counseling to Control Smoking Behavior

Will	Post-Test Spiritual		Post-Test Tiered Counseling		Total	
	N	%	N	%	N	%
Good	38	62,3%	36	59,0%	74	60,6%
Not good	23	37,7%	25	41,0%	48	39,4%
Total	61	100%	61	100%	122	100%

Primary data source: 2024

The respondents who have a strong will to quit smoking are 62.3% in the spiritual approach group, and 59% in the tiered counseling group. This is both higher than the low willingness to quit smoking.

Average Willingness before and After Being Given Spiritual Approach and Tiered Counseling to Control Smoking Behavior

The willingness to quit smoking among elderly women in the Dieng Plateau before being given spiritual approach can be described as follows:

Table 7. Average Willingness before and after Being Given Spiritual Approach to Controlling Smoking Behavior

Variable	Mean	N	Std. Deviation	Min	Max	AMean
Pre	56,81	122	14,011	31	85	38.56
Post	95,37	122	6,126	77	100	

Primary data source: 2024

Based on the research results, it can be seen that the average willingness score before (Pretest) was 56.81 and after (Posttest) was 95.37 with a mean difference of 38.56. It means that from 122 respondents who were given the Spiritual Approach, there was an increase in the average willingness to smoke by 38.56%.

The average willingness to quit smoking after being given tiered counseling can be seen in the following table.

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Table 8. Average Willingness before and after being given Tiered Counseling to Control Smoking Behavior

Variable	Mean	N	Std. Deviation	Min	Max	AMean
Pre	55,81	122	14,822	31	85	36,15
Post	91,96	122	6,813	77	100	

Primary data source: 2024

Based on the research results, it can be seen that the average Willingness score before (Pretest) was 55.81 and after (Post-test) was 91.96 with a difference of 36.15 out of 122 respondents who were given Tiered Counseling.

Bivariate Analysis

Bivariate analysis was carried out to determine the effectiveness of the spiritual approach and tiered counseling before and after intervention regarding the willingness to smoke in elderly women in the Dieng Plateau. Based on data analysis using the Kolmogorov-Smirnov normality test, the sig value <0.05 means that the data distribution is not normal. This bivariate analysis used the Wilcoxon signed-rank test.

Table 9. Spiritual Approach and Tiered Counseling as Non-Pharmacological Therapy to Control the Smoking Behavior of Elderly Women in the Dieng Plateau

NO	Variable	N	Mean	SD	Mean Rank	P
1	Will Approach Group Spiritual	122	95,37	6,126	3,41	0,000
2	Will Tiered Counseling Group	122	91,96	6,813		0,000

Primary data source: 2024

Based on Table 9, it shows that the value ^=0.000 is smaller than the value a=0.005, indicating that H0 is rejected and Ha is accepted, so it can be concluded that there is a difference between the willingness of elderly women to smoke before and after being given Spiritual Approach and Tiered Counseling intervention.

The mean knowledge of the Spiritual Approach Group was 95.37 and the Tiered Counseling group was 91.96 with a mean difference of 3.41. Therefore, health promotion using spiritual approach is more effective in increasing the willingness of elderly women to control their smoking behavior compared to the multi-level counselling media.

WHO 2020 states that one of the standards for the quality of life of the elderly is about their religious level and health behavior, in the final phase of life they will choose activities and do something that will bring them closer to God so that through this spiritual approach it is hoped that they will be able to encourage the elderly to change their behavior not to smoke anymore, as in Religious advice (Islam), in other words, the elderly will be more inclined and listen to advice related to their lives if it is about their religion.

This is in line with Annisa Chamelia 2023 that if religiosity increases then the quality of life and welfare psychology will also improve. Likewise, if religiosity decreases, the quality of life and psychological well-being will also decrease (Chamelia, Fitriah, and Arpandy 2023).

In this research, gradual or tiered counseling is implemented, where according to L-green In Notoatmodjo, a person's behavior will be gradual, starting from knowledge, attitudes and, like Skinner's theory, behavior will change if there is a response after being given a stimulus, so this tiered counseling does not immediately require.

All 122 respondents were female with a percentage of 100%. Most of the respondents were aged 70-79 as 60 respondents with a percentage of 49.2%. The group of respondents aged 60-69 was 53 with a percentage of 43.4%, and the group aged >80 was 9 respondents with a percentage of 7.4%. According to the respondents' occupation, it can be said that the majority of respondents' occupations are farmers at 54.1%, farm workers at 24.6%, traders at 16.4%, and the remaining 4.9% in the private sector.

As many as 78 respondents were

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willing to quit smoking. This is certainly a high number since this number is more than half of the respondents in this research. The results of open interviews also confirmed this. In fact, there are several reasons why these 78 respondents wanted to quit smoking including, ensuring that all family members were healthy without getting any diseases. This proves that they understand the dangers of both active and passive smoking.

In addition, there are 24 clients who wanted to reduce cigarettes from this group. It can be concluded that they do not want to quit smoking for various reasons. Some of the reasons were revealed through in-depth interviews, such as smoking can ward off the cold, smoking with friends can make them entertained and they are already used to smoking so they are not comfortable when they do not smoke. Therefore, they only intend to reduce the number of cigarettes they smoke per day.

Meanwhile, as many as 20 clients do not want to quit smoking with no reasons. It means that they reject all efforts made by their family, health workers, or the surrounding community. They assume that cigarettes are healthy for them, and that they have been smoking for more than 50 years but still in good health even at the age of more than 60 years. On the other hand, the existing facts show that they have various health problems, especially respiratory problems but this does not change their desire to continue smoking. In short, from the results above it can be seen that 78 elderly actually wanted to once quit smoking.

In the group of respondents who wanted to quit smoking after being given the 4T strategy (Ask, Study, Help and advise and Follow up), the achievement rate reached 100%. The 78 respondents who were determined to quit smoking after being given 4T counselling got stronger willingness to quit smoking. It is supported by the information from their family members that the elderly had completely stopped smoking (D. Widiyaningsih 2020). For the group that is trying to reduce smoking, the strategy used is to increase client motivation, by motivational interviews/counselling with a success rate of 50%. Of the 24 respondents, only 12 were really willing to reduce cigarettes per day and the other 12 were still delaying.

For the group who do not want to quit smoking, the strategy used is to motivate them to do more exercise to achieve a 0% achievement rate because they do not want to quit smoking for any reason.

Because the respondents were elderly, with an average age of over 60 years, the approach taken was to be sympathetic to their logic, emphasize the benefits of quitting smoking at any age, and explain that relapse is common, and continuing to try is important.

The counselling approach used is for those aged over 40 years. Because the respondents in this service are elderly, the approach is to be sympathetic to their ways of thinking regarding smoking, emphasize the benefits of quitting smoking at any age, explain that relapse is common and that continuing to try is important. Fortunately, some of the respondents in the category of willing to quit smoking were greatly helped in the process of quitting smoking.

The desire to quit smoking can also be hampered because of a high level of nicotine dependence found in the smoker's body. This can be tested using the Fagerstorm test questionnaire, which is a test to measure the severity of nicotine addiction. Considering the nature of nicotine addiction, every smoker who has smoked regularly for a certain period is already addicted. What makes them different is the level of addiction.

A total of 35 of the 122 respondents had moderate nicotine dependence, while 39 others had low levels of dependence and the remaining 48 had a high level of nicotine dependence. The respondents who have a high nicotine dependence have smoked for a long time, some even since the age of 16 and only stopped at the age of 73. Someone is called a smoker if they have smoked at least one cigarette a day in the past year (Maharani and Harsanti 2021).

The level of willingness of the elderly before being given the Spiritual Approach and Tiered Counselling can be seen from the results of the pre-test of the spiritual approach for the willingness to smoke that was only 10 people, or 16.4% of the total group of respondents (61). Meanwhile, other 51 respondents

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had poor willingness (low willingness) as 83.6%. Likewise, the willingness before given tiered counselling was low. There were only 14 respondents who had goodwill while other 47 respondents (77%) had less goodwill.

From the research results above, it can be concluded that smokers will find it hard to reduce or even quit smoking or due to various factors including demographics climate and the environment (D. W. Widiyaningsih 2020). The phenomenon of elderly female smokers in the Dieng Plateau, which is one of the tourist destinations, shows that the role of health workers in improving the level of public health and healthy lifestyles for the community has not been maximized. Based on the observations made by the researchers, 5 out of 12 people were interested in watching elderly women smoking cigarettes. The facts show that the condition of elderly women who smoke look fit and healthy, and even some of the elderly do not complain about their hearing and vision problems (Widiyaningsih 2021). However, behind this fact, according to data from the Wonosobo District Office, there was an increase in the incidence of acute respiratory tract infection by 32% in children under five and heart disease in women of childbearing age by 37% (Dinas Kesehatan Wonosobo 2019).

In addition, goodwill can be interpreted as respondents who have a strong will to quit smoking as many as 62.3% in the spiritual approach group. It means that more than half of the respondents after data collection turned out to have a strong will to quit smoking after being given intervention in the form of religious counselling related to smoking. This is in line with the research by Erni Musmiler (2020) entitled "Spiritual Activities with Levels of Depression in the Elderly" which is related to the level of spirituality of the elderly at the end of their lives (Musmiler 2020). Likewise, the willingness rate in the tiered counselling group reached 59%. After being studied and given the tiered counselling intervention, this was both higher than the low rate of willingness to quit smoking. This proves that there was an increase in the willingness to quit smoking in the elderly in both interventions.

The results of the study show that the high rate of nicotine dependence among respondents who are elderly women is caused by certain reason that they have smoked cigarettes for a long time, some even for decades. This can of course, influence their willingness to quit smoking. However, from the results of this smoking cessation socialization, it was found that many respondents even stated that they wanted to quit smoking.

Smoking behavior is the activity of sucking and exhaling tobacco in a roll of paper that is burned at a temperature of 90 degrees Celsius at the burned end, and 30 degrees Celsius at the inhaled end. It produces smoke which can have a bad impact on the smoker and the surrounding people who inhale it (Aliya Salsabila and Yuniarti 2022).

Smoking dependence is caused by nicotine in cigarettes which affects the reward area which is active due to natural stimuli such as eating and drinking and sexual activity. The effect of nicotine dependence is powerful because it affects the sensitivity of the reward area. It then spreads to the surrounding neuronal circuits and causes "addiction memory". -pituitary-adrenal (HPA) which plays a role in controlling reactions to stress, emotions and mood (Guo 2023).

This research is also in line with the research of Masithah et al, 2019 which showed a significant influence of the level of nicotine dependence on behavior ($P<0.005$) (Masithah 2019). The influence of the level of nicotine dependence on perceived behavioral control is a negative influence. The lower the level of nicotine dependence, the higher the perception of behavioral control. In other words, the higher the level of nicotine dependence, the lower the perception of behavioral control.

Related to the willingness to quit smoking among elderly women in the Dieng Plateau before being given spiritual approach, based on the research results, it can be seen that the average willingness score before (Pre-test) was 56.81 and after (Post-test) was 95.37 with a mean difference of 38.56. It means that there is an increase in the average willingness to smoke by 38.56% from 122 respondents.

Regarding the average willingness to quit smoking after being given tiered counselling, based on the research

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results, it can be seen that the average Willingness score before (Pre-test) was 55.81 and after (Post-test) was 91.96 with a difference of 36.15 out of 122 respondents who were given Tiered Counseling.

Based on Table 6, it shows that the value ^=0.000 is smaller than the value a=0.005, indicating that H0 is rejected and Ha is accepted. Therefore, it can be concluded that there is a difference between the willingness of elderly women to smoke before and after being given Spiritual Approach and Tiered Counseling intervention.

The mean knowledge of the Spiritual Approach Group was 95.37 and the Tiered Counseling group was 91.96 with a mean difference of 3.41. Thus, health promotion using spiritual approach is more effective in increasing the willingness of elderly women to control their smoking behavior compared to the multi-level counseling media.

Through this tiered smoking cessation counseling method, it is expected that the method will not force the smoker to quit smoking immediately, but with some stages. The clients will be explained previously about the benefits of quitting smoking, such as reducing the risk of death and providing a long life expectancy. These benefits can be conveyed through the application of this method.

CONCLUSION

It can be concluded that health promotion using spiritual approach is more effective in increasing the willingness of elderly women to control smoking behavior compared to multi-level counseling media. However, these two methods can work together to enhance each other's effectiveness in managing smoking behavior more successfully than either method could achieve on its own.

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