

ABSTRAK

Latar belakang: Indonesia merupakan negara ketiga dengan jumlah perokok usia ≥ 15 tahun tertinggi di dunia pada tahun 2019 sebesar 51,5 juta dan negara di ASEAN dengan prevalensi penduduk yang merokok dewasa dan remaja tertinggi dibandingkan dengan negara lain di ASEAN yaitu sebesar 28,9% dan 19,2%. Proporsi merokok pada penduduk umur ≥ 15 tahun pada tahun 2018-2021 mengalami peningkatan yaitu sebesar 28,9% menjadi 33,5%. Asap rokok dapat mengakibatkan berbagai permasalahan bagi kesehatan. Salah satu strategi menurunkan prevalensi perokok melalui perluasan layanan konseling upaya berhenti merokok (UBM). Puskesmas Kraton merupakan puskesmas yang telah menjalankan layanan konseling UBM dan satu-satunya puskesmas yang ada wilayah Dinas Kesehatan Kota Yogyakarta yang melaporkan rekapitulasi pasien layanan konseling UBM.

Tujuan: mengeksplorasi *input*, *process*, *output*, dan *outcome* layanan konseling upaya berhenti merokok (UBM) di Puskesmas Kraton Kota Yogyakarta.

Metode: Penelitian kualitatif dengan rancangan studi kasus. Teknik pengambilan sampling teknik *purposive sampling* dengan *criterion sampling*. Kriteria informan dalam penelitian adalah informan yang terlibat, menggunakan, mengetahui pelaksanaan dan mendukung layanan konseling UBM. Jumlah informan sebanyak 20 orang terdiri dari internal puskesmas, pasien konseling UBM, dinas kesehatan, dan lintas sektor. Cara pengumpulan data menggunakan wawancara mendalam, observasi, dan dokumentasi (telaah dokumen). Keabsahan data yang dilakukan adalah triangulasi sumber data, triangulasi metode, *member checking*, dan *peer debriefing*.

Hasil: Aspek *input* yang tersedia yaitu terdapat tenaga kesehatan terlatih, sarana dan prasarana, serta anggaran. Aspek *process* yang belum sesuai petunjuk yaitu promosi belum dilakukan kepada semua masyarakat, langkah Tindak Lanjut belum dilakukan secara konsisten, serta skrining merokok dan rujukan ke konseling UBM belum dilakukan oleh semua tenaga kesehatan. Aspek *output* pasien konseling 2 belum menunjukkan perubahan perilaku dan pasien konseling UBM menunjukkan peningkatan pengetahuan mengenai dampak merokok. Hambatan pada aspek *outcome* yaitu layanan konseling UBM bukan masalah atau layanan prioritas.

Kesimpulan: Pelaksanaan layanan konseling UBM di Puskesmas Kraton sudah berjalan dan belum sesuai dengan petunjuk teknis layanan konseling UBM di Indonesia sehingga diperlukan peningkatan pelaksanaan layanan konseling UBM di Puskesmas Kraton.

Kata kunci: Evaluasi, Layanan Konseling, Upaya Berhenti Merokok, Puskesmas, *Logic model*

ABSTRACT

Background: In 2019, Indonesia was the third country in the world with the highest number of smokers aged ≥ 15 years, totaling 51.5 million. It also had the highest prevalence of adult and teenage smokers in ASEAN countries, at 28.9% and 19.2%, respectively. The proportion of smokers aged ≥ 15 years increased from 28.9% to 33.5% between 2018 and 2021. Cigarette smoke can cause various health problems. One strategy to reduce the prevalence of smokers is by expanding smoking cessation effort (SCE) counseling service. Kraton primary health center is a primary health center that has implemented SCE counseling service and is the only health center in the Yogyakarta City Health Department area reporting a summary of SCE counseling patients.

Objective: To explore the input, process, output, and outcome of smoking cessation effort (SCE) counseling service at Kraton Primary Health Center, Yogyakarta City.

Method: This qualitative research employs a case study design. The sampling technique used is purposive sampling with criterion sampling. The criteria for informants in this research are those who involved, using, knowing the implementation and supporting of the SCE counseling service. The informants was 20 people consist of internal primary health center, SCE counseling service patients, health office, and cross-sector. Data were collected through in-depth interviews, observations, and documentation (document review). Data validity was ensured through data source triangulation, method triangulation, member checking, and peer debriefing.

Results: The input aspects are available trained healthcare workers, facilities and infrastructure, and budget. The process aspects that have not been implemented are promotions that have not been conducted for the entire community, the steps of Follow-up have not been carried out consistently, and not all healthcare workers conduct smoking screenings and referrals to counseling. The output aspect is that patients counseling 2 have not shown behavioral changes due to the lack awareness about the dangers of smoking. The outcome aspect is that the obstacle in implementing SCE counseling services is that SCE counseling is not considered a priority issue or service.

Conclusion: The implementation of SCE counseling service at Kraton Primary Health Center has been carried out but does not in accordance with the technical guidelines for SCE counseling service in Indonesia, necessitating improvements in the implementation of SCE counseling service at Kraton Primary Health Center.

Keywords: Evaluation, Counseling Service, Smoking Cessation Effort, Primary Health Center, Logic Model