

ANALYSIS OF THE RELATIONSHIP BETWEEN THEORY OF PLANNED BEHAVIOR AND THE PROMOTIVE BEHAVIOR OF ELDERLY HEALTH IN PANTAI LABU DISTRICT, DELI SERDANG

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Abstract

This study aims to analyze the relationship between Theory of Planned Behavior (TPB) and the promotive behavior of elderly health in Pantai Labu District, Deli Serdang. A qualitative approach with a case study method was used to explore the role of attitudes, subjective norms, and perceived behavioral control in influencing the promotive behavior of the health of the elderly. Data was obtained through in-depth interviews, observations, and documentation with elderly participants and health workers. The results showed that positive attitudes towards healthy behaviors, such as physical activity, were quite high, but were not balanced with consistent behaviors, especially in terms of healthy eating and regular health checkups. Subjective norms from families and health workers are a significant driver, although negative influences from the environment remain. Perceived behavioral control is the main factor that determines the behavior of the elderly, where physical limitations, access to health services, and economic constraints are the main obstacles. These findings underscore the importance of comprehensive, community-based interventions to improve behavioral control and social support of older people. This research contributes to the understanding of factors that influence the promotive behavior of the elderly health and becomes the basis for the development of more effective intervention strategies.

Keywords: *Theory of Planned Behavior, Health Promotive Behavior, Elderly, Attitude, Subjective Norms, Perceived Behavioral Control*

INTRODUCTION

The health of the elderly is one of the increasingly urgent health issues along with the increase in the elderly population in Indonesia. According to data from the Central Statistics Agency (BPS), Indonesia has experienced a significant increase in the number of elderly populations, which is projected to continue to increase in the coming decades (2020 Statistics). The increasing population of the elderly brings its own challenges, especially related to efforts to improve their quality of life through health promotive behaviors. These health promotive behaviors include various activities that aim to maintain and improve the health of the elderly, such as physical activity, healthy diet, regular health checkups, and avoiding risky behaviors such as smoking and alcohol consumption.

Theory of Planned Behavior (TPB) is one of the theories that can be used to understand human behavior, including health promotive behavior. The SDGs were developed by Icek Ajzen in the late 1980s and have been widely used in various studies related to health behavior (Ajzen 1991). This theory states that a person's behavior is influenced by three main factors, namely attitudes towards behavior, subjective norms, and perceived behavioral control. These three factors together form intention or intent, which ultimately affects a person's actual behavior.

Attitudes towards behavior reflect an individual's positive or negative evaluation of a particular behavior. In the context of older adults, this attitude may reflect the extent to which they believe that health promotive behaviors, such as exercising or eating healthy foods, will benefit their health (Maulana and Sos 2009). Subjective norms describe an individual's perception of social pressure or expectations from others to do or not perform certain behaviors. In the elderly, subjective norms can come from family, peers, or health workers who play a role in influencing their decisions. Perceived behavioral control refers to an individual's perception of their ability to perform certain behaviors, which is influenced by past experiences and expectations regarding

Masdalifa Pasaribu

existing obstacles or supports (Sartika 2020). In this case, the elderly may feel inhibited by physical conditions or limited access to health facilities, which in turn affects their ability to implement health promotive behaviors. These three components form a comprehensive framework of understanding how and why older adults decide to behave in certain ways that affect their health (Nessi Meilan, Maryanah, and Willa Follona 2019).

Pantai Labu District in Deli Serdang Regency is one of the areas that has a significant elderly population. As they age, older people in the region face a variety of health challenges that require community-based interventions. Local social and cultural characteristics also affect the perspective and behavior of the elderly in maintaining their health. Research on the relationship between Theory of Planned Behavior and the promotive behavior of elderly health in Pantai Labu District is very relevant to understand the factors that affect healthy behavior in this age group.

This research is also important given the limitations of health services at the community level, especially in rural areas such as Labu Beach, which requires more intensive preventive and promotional efforts. By understanding the factors that affect the intentions and behaviors of the elderly, the designed interventions can be more appropriate to local needs and conditions, making them more effective in improving the health of the elderly. The analysis of the relationship between the Theory of Planned Behavior and health promotive behavior can provide a clearer picture of the motivation and obstacles faced by the elderly in adopting healthy behavior.

This study is not only beneficial for the development of the theory, but also has practical implications that can help policymakers and healthcare providers in designing more effective programs. For example, if subjective norms prove to have a significant effect, interventions involving families and communities may be more successful in encouraging healthy behaviors in older adults. Similarly, if perceived behavioral control becomes the dominant factor, increasing accessibility and ease in carrying out health promotive behaviors needs to be a priority in planning health programs for the elderly.

Furthermore, this research is also expected to provide new insights into the importance of paying attention to psychological and social factors in planning elderly health programs. The SDG-based approach makes it possible to identify more specific intervention strategies that can be adapted to local conditions, such as reinforcing positive attitudes towards healthy behaviors, improving control perceptions, and establishing social norms that support healthy behaviors.

Overall, this analysis aims to reveal the extent to which the Theory of Planned Behavior can predict and explain the promotive behavior of the health of the elderly in Pantai Labu District. By using a systematic and theory-based approach, this research is expected to make a meaningful contribution to efforts to improve the quality of life of the elderly in Indonesia, especially in rural areas that often receive less attention in health policies.

In addition, the results of this study are expected to be the basis for the development of more targeted and evidence-based intervention programs, in order to encourage health promotive behavior among the elderly. Thus, this study not only enriches theoretical studies in the field of public health, but also provides practical benefits that can be directly applied in the daily lives of the elderly community in Pantai Labu District.

Ultimately, efforts to understand and improve the promotive behavior of elderly health require a holistic and evidence-based approach. Through this analysis, it is hoped that more effective strategies can be found in encouraging the elderly to behave healthily, so that they can enjoy a better quality of life in old age.

LITERATURE REVIEW

Health promotive behaviors are behaviors aimed at improving the health of individuals through disease prevention and health promotion. In the elderly, this behavior includes activities such as maintaining a healthy diet, exercising regularly, conducting regular health check-ups, and avoiding risky habits such as smoking and alcohol consumption. According to the World Health Organization (WHO), health promotive behaviors in the elderly can extend life expectancy and

Masdalifa Pasaribu

improve quality of life by reducing the risk of chronic diseases that often occur in this age group (Organization 2018).

To understand the factors that influence health promotive behavior, Theory of Planned Behavior (TPB) is one of the relevant approaches. TPB is a social psychology theory developed by Icek Ajzen, which explains that a person's behavior is influenced by three main components: attitudes towards behavior, subjective norms, and perceived behavioral control (Ajzen 1991). Attitudes toward behavior reflect an individual's positive or negative evaluation of a behavior, which can motivate or discourage them from taking certain actions. In the context of health behaviors, a positive attitude towards physical activity or a healthy diet, for example, can encourage the elderly to be more proactive in maintaining their health.

Subjective norms refer to an individual's perception of what others consider important in his or her social environment. In the elderly, subjective norms are often influenced by family members, friends, or health workers who have a role in their daily lives (Sari 2023). Studies show that strong social support from families and communities can increase the motivation of older adults to engage in health promotive behaviors. Conversely, negative social pressure or lack of support can be a barrier for the elderly to practice healthy behaviors.

The last component in the SDGs, namely perceived behavioral control, relates to the individual's perception of his or her ability to control and perform certain behaviors. In the elderly, perceived behavioral control is often influenced by physical health conditions, access to health facilities, and knowledge and skills in carrying out healthy behaviors. Older adults who feel they have control and ability to participate in health activities tend to be more motivated to do so, while those who feel limited or helpless may be more reluctant.

A number of studies have used the SDGs to analyze health promotive behaviors in various populations, including the elderly. For example, research by (Manuntung and Kep 2019) shows that the SDGs can effectively predict a person's intention to behave healthily, especially when the three components of the SDGs work synergistically. Other research by (Armitage and Conner 2001) affirms that perceived behavioral control is often the most powerful predictor of health behavior, especially when individuals feel able to overcome existing barriers.

In the context of the elderly in Indonesia, research on health promotion behavior is still relatively limited, especially those that use the TPB approach. However, existing studies show that positive attitudes, social support, and perceived behavioral control play an important role in shaping the behavior of the elderly. For example, research by Suryani and (Baga, Sujana, and Triwibowo 2017) in Indonesia found that positive attitudes towards physical activity and social support from the family significantly increased the participation of the elderly in regular sports activities. This research is in line with the findings of the SDGs, where positive attitudes and subjective norms play a role in encouraging healthy behaviors.

In addition, research by (Widayati 2020) highlighting the importance of perceived behavioral control in health promotive behavior in the elderly. In the study, older adults who felt they had access and ability to maintain their health, such as regulating their diet and attending health checks, showed better promotive behavior than those who felt limited. This emphasizes the importance of improving perceived behavioral control, especially through increasing the accessibility of health services and appropriate education for the elderly.

The literature review also showed that environmental factors and socio-cultural context greatly influenced the behavior of the elderly. In rural areas such as Pantai Labu District, for example, social norms and community perceptions of health can be different from those in urban areas. Study by (Nurmala and KM 2020) It found that in rural communities, health promotive behaviors in the elderly are often influenced by local traditions and habits that can be supportive or inhibiting. Therefore, a community-based approach that considers local aspects is essential in health interventions. Thus, the Theory of Planned Behavior offers a comprehensive theoretical framework for understanding the promotive behavior of elderly health. A literature review shows that all three components of the SDGs—attitudes, subjective norms, and perceived behavioral control—have an important role in influencing the behavior of the elderly. Therefore, interventions

Masdalifa Pasaribu

designed to improve health promotive behaviors in older adults need to consider these three components and focus on improving positive attitudes, strengthening social support, and improving perceived behavioral control through adequate access and education. This study seeks to fill the literature gap by analyzing the relationship between SDGs and the promotive behavior of elderly health in Pantai Labu District. Through this approach, it is hoped that more effective strategies can be found to improve healthy behaviors in the elderly, which can ultimately contribute to improving their quality of life.

METHOD

1. Research Approach

This study uses a qualitative approach with a case study design (Assyakurrohim et al. 2023). The qualitative approach was chosen because it aims to deeply understand the phenomenon of health promotive behavior in the elderly through the lens of Theory of Planned Behavior (TPB). Case studies allow researchers to explore the complexity of social phenomena in real-life contexts, especially in specific environments such as Pantai Labu District.

2. Research Location

This research was carried out in Pantai Labu District, Deli Serdang Regency. This location was chosen because it has a significant elderly population and unique socio-cultural characteristics, which can influence health promotive behavior. This sub-district also represents rural areas in Indonesia with limited access to health services, thus providing a relevant context for the analysis of health promotive behavior in the elderly.

3. Research Subject

The subject of this study is the elderly aged 60 years and above who live in Pantai Labu District. Subjects were selected using the purposive sampling technique, which is the selection of informants based on certain criteria that are relevant to the research objectives. The inclusion criteria in this study are:

- Seniors who are 60 years old or older.
- Able to communicate well in Indonesian or local language.
- Be willing to participate in research and provide the information needed.

In addition to the elderly, this study also involved family members, health cadres, and local health workers as additional informants to gain a richer perspective on the factors that influence the health promotive behavior of the elderly.

4. Data Collection Techniques

The data collection techniques used in this study include (Jogiyanto Hartono 2018):

- **In-depth Interview**
In-depth interviews were conducted in a semi-structured manner using interview guidelines that were compiled based on the components of the SDGs, namely attitudes, subjective norms, and perceived behavioral control. Interviews were conducted with the elderly and key informants such as family members and health workers to obtain comprehensive data on factors influencing health promotive behavior.
- **Participatory Observation**
Participatory observation is used to directly see the daily behavior of the elderly related to health promotion activities, such as diet, physical activity, and social interaction. These observations also help researchers understand the context of the social and physical environment that affects the behavior of the elderly.
- **Documentation**
Documentation is carried out by collecting relevant secondary data such as health reports from health centers, records of elderly posyandu activities, and other documents that can provide additional information about the promotive behavior of elderly health in Pantai Labu District.

5. Data Analysis Techniques

Data analysis is carried out thematically with the following steps (Jogiyanto Hartono 2018):

- Data Reduction

The data obtained from interviews, observations, and documentation are reduced by sorting, selecting, and simplifying information according to the focus of the research. This stage aims to identify information relevant to the components of the SDGs and health promotive behaviors.

- Data Presentation

The reduced data is then presented in the form of narratives, tables, or diagrams to facilitate drawing conclusions. This data presentation focuses on the main findings related to attitudes, subjective norms, and perceived behavioral control and how these three components affect health promotive behavior in the elderly.

- Drawing Conclusions and Verification

Conclusions were drawn based on the patterns found from the data presented, by checking the consistency of the findings with the TPB theory. Verification is carried out by confirming the findings with key informants and triangulating the data to ensure the validity of the findings.

6. Data Triangulation

Triangulation is carried out to improve the validity and reliability of research data. This study uses several triangulation techniques (Susanto and Jailani 2023), among others:

- Source Triangulation

Data was obtained from various sources, such as the elderly, family members, and health workers, to gain different perspectives on health promotive behavior.

- Triangulation Techniques

The use of various data collection techniques (interviews, observations, and documentation) helps to enrich the data and ensure that the research findings are unbiased.

- Triangulation Time

Data collection was carried out at several different times to see the consistency of the behavior of the elderly in various situations.

7. Data Validity

The validity of the data in this study is maintained through credibility, transferability, dependability, and confirmability checking techniques. Credibility checks are carried out by member checks, where researchers ask for feedback from informants regarding the results of interviews to ensure that the interpretation of the data is accurate. Transferability is maintained by providing a detailed contextual description of the research location so that readers can understand the relevance of the findings in other contexts. Dependability is achieved by conducting a trail audit, which is a detailed recording of the research process. Confirmability is carried out by maintaining the objectivity of the researcher through self-reflection and consultation with experts.

RESULTS AND DISCUSSION

Research Results

1. Attitudes Towards Health Promotive Behavior

Older people's attitudes towards health promotive behaviors vary widely, depending on their perception of the benefits and barriers of these behaviors. Most of the elderly show a positive attitude towards light physical activity, such as morning walks, but there are still obstacles to practicing a healthy diet and attending regular health checkups.

Table 1. Attitudes of the Elderly to Health Promotive Behavior

It	Health Promotive Behavior	Positive Attitude (%)	Negative Attitude (%)	Reasons for Positive Attitude	Reasons for Negative Attitude
1	Physical Activity (Morning Walk)	80%	20%	Maintains heart health, light	Fatigue, weak physical condition
2	Healthy Diet	45%	55%	Controls blood sugar, cholesterol	Difficult to change old eating habits
3	Regular Health Check-ups	30%	70%	Know your health condition	No symptoms, access to remote health centers

From Table 1, it can be seen that the highest positive attitude is found in physical activity behavior (80%). The elderly consider light activities such as morning walks to maintain heart health and are considered easy to do. In contrast, negative attitudes are quite dominant in healthy eating behavior (55%) and regular health checks (70%). Most elderly people find it difficult to change their old eating habits, and they are reluctant to undergo health checks because they do not feel any disturbing symptoms.

The results of the study showed that positive attitudes towards health promotive behaviors, such as physical activity, were quite high among the elderly (80%). This positive attitude is influenced by the perception of perceived benefits, such as maintaining heart health and fitness. These findings are consistent with research (Sutisna 2017), which found that positive attitudes are strong predictors of intention to engage in health behaviors, especially when individuals are aware of the immediate benefits of those behaviors.

However, positive attitudes are not always directly proportional to the implementation of behaviors, especially in healthy eating behaviors and routine health checkups, where negative attitudes are still quite high (55% and 70% respectively). This indicates that there is a gap between attitudes and actual behaviors that are influenced by other external factors, such as old habits and perceptions of health needs. Research by (Conner 2020) It also indicates that although attitudes play a role in shaping intentions, perceived behavior control factors can further determine whether the behavior is actually carried out.

2. Subjective Norms

Subjective norms that affect the elderly mainly come from family, friends, and health workers. Families have an important role to play in motivating seniors to engage in healthy behaviors, but not all seniors receive consistent support from their environment.

Table 2. Sources of Social Support and Its Influence on Health Promotive Behavior

It	Social Support Resources	Positive Support (%)	Negative Support (%)	Examples of Positive Support	Examples of Negative Support
1	Family	60%	40%	Reminders to eat healthy	Not supporting

Masdalifa Pasaribu

					diets, inviting eating out
2	Peers	50%	50%	Taking a morning walk together	Inviting people to eat unhealthy food
3	Health Workers	70%	30%	Providing health education	Rarely make home visits

Table 2 shows that support from health workers (70%) is more consistent in motivating health promotive behaviors than support from family (60%) and peers (50%). However, negative norms remain, especially when family and friends do not support healthy habits or even invite the elderly to engage in unhealthy behaviors. Subjective norms also play an important role in shaping the health promotive behavior of the elderly, where support from family, friends, and health workers is the main driver. Most of the elderly reported positive support from health workers (70%), followed by family (60%) and peers (50%). This shows that social support has a significant impact on the intention of the elderly to behave healthily.

Research by (Rahmah 2017) mentioned that subjective norms, especially those of the closest people, have a great influence on health behavior because individuals tend to follow what is considered important by their social environment. In the context of the elderly in Pantai Labu District, family support is often the main motivator in encouraging promotive behavior, such as maintaining diet and exercising. However, the lack of consistent support or negative influences, such as inviting people to eat unhealthy foods, is a challenge in itself.

Positive subjective norms are often reinforced by education from health workers, which helps direct the elderly and their families to promotive behavior. This is in accordance with the findings (Ajzen 1991) which states that subjective norms are not only limited to the perception of what others think, but also to the active influence exerted by significant people in the social environment of the individual.

3. Perceived Behavioral Control (Kontrol Perilaku yang Dirasakan)

Perceived behavioral control is the dominant factor in influencing the behavior of the elderly. Many elderly people feel limited by their physical, economic, and access to adequate health facilities. This factor significantly affects their ability to carry out health promotive behaviors.

Table 3. Perceived Behavioral Control Factors and Their Influence on Elderly Behavior

It	Delimiting Factors	Frequency (%)	Influence on Behavior
1	Weak Physical Health	75%	Limiting the ability to exercise
2	Limited Access to Services	60%	Difficulty in conducting routine health check-ups
3	Economic Constraints	50%	Not being able to afford healthy food
4	Lack of Health Education	40%	Not knowing the importance of healthy behavior

From Table 3, it can be seen that weak physical health (75%) is the main limiting factor that makes it difficult for the elderly to do physical activities. In addition, limited access to health services (60%) and economic constraints (50%) also contribute significantly to the low participation of the elderly in health promotive behavior.

Perceived behavioral control was found to be the most dominant factor in influencing whether health promotive behaviors are actually carried out. Older adults who feel they have low control, as shown by data on physical constraints (75%), limited access to health services (60%), and economic constraints (50%), are less likely to engage in health promotive behaviors. These findings confirm the importance of perceived behavior control as a key factor in the SDGs, according to the study (Armitage and Conner 2001) who found that perceived behavioral control is a direct predictor of behavior, especially when individuals feel capable of overcoming existing barriers.

Weak physical condition is the main barrier for the elderly in exercising and participating in routine health checks. This indicates that although older people have positive attitudes and supportive subjective norms, they may not engage in healthy behaviors if they feel incapable of doing so. Research by (Bandura 1997) Regarding self-efficacy also supports these findings, where an individual's belief in his or her ability to perform an action greatly influences actual behavior. In addition, limited access to health services in rural areas such as Labu Beach also hinders perceived behavioral control. Elderly people who have difficulty reaching health facilities do not need to carry out routine health checks. This is consistent with research by (Waluyo et al. 2023), which suggests that low perceived behavioral control, especially regarding access and resources, can hinder existing goodwill.

4. Analysis of the Relationship between Dietary Supplements and Health Promotive Behavior

Based on the results of interviews and data analysis, it was found that the three components of the SDGs are interrelated in influencing health promotive behavior in the elderly. Positive attitudes, while important, are not always enough to drive behavior if they are not supported by strong social norms and adequate behavioral control. For example, even though the elderly have a positive attitude towards health checks, they are still reluctant to do so because they feel hampered by access and physical conditions.

Table 4. The Relationship between the Component of Dietary Supplements and Elderly Health Promotive Behavior

It	TPB Components	Influence on Intentions and Behavior
1	Positive Attitude	Increases initial motivation
2	Positive Subjective Norms	Reinforcing intentions, especially from the family
3	Perceived Behavioral Control	Determine the actual ability to perform behavior

From Table 4, it can be seen that perceived behavioral control is the component that most determines whether healthy behavior is really carried out by the elderly. Although subjective attitudes and norms influence intentions, perceived control factors play a crucial role in the implementation of behavior.

The findings of this study emphasize the importance of comprehensive community-based interventions to improve health promotive behaviors in the elderly. Interventions that focus solely on attitude change may not be effective enough if they are not accompanied by increased perceived behavioral control through appropriate education and increased access to health services. For example, a more active and integrated elderly posyandu program with health services can be a solution to improve perceived behavioral control of the elderly in conducting routine health checkups. Social support also needs to be strengthened, especially from the family, by providing relevant education so that they can be the main motivators in encouraging the elderly to behave

Masdalifa Pasaribu

healthily. This is in line with the advice (Ajzen 1991) that subjective norms need to be maximized through interventions that involve important people in an individual's life.

CLOSING

Conclusion

This study aims to analyze the relationship between Theory of Planned Behavior (TPB) and health promotive behavior in the elderly in Pantai Labu District, Deli Serdang. Through a qualitative approach with a case study method, this study reveals that the three main components of the SDGs—attitudes, subjective norms, and perceived behavioral control—play a significant role in shaping health promotive intentions and behaviors in the elderly. Positive attitudes of the elderly towards health promotive behaviors, especially physical activity, are an important initial driver. However, these attitudes are often not strong enough to encourage behavior change if they are not supported by other external factors. Older adults who have a positive attitude toward healthy behaviors tend to be motivated to participate, but barriers such as physical condition, access to health services, and old habits often hinder their intentions. Subjective norms also play an important role, where support from family, friends, and health workers is a significant driving factor. Positive social support can strengthen the intention of the elderly to carry out health promotive behaviors, especially when supported by consistent health education. However, negative influences from the environment, such as the invitation to engage in unhealthy behaviors, remain a challenge.

Perceived behavioral control was found to be the most determining factor whether the elderly will actually carry out health promotive behaviors. Older people who feel they have low control, such as physical limitations, economic constraints, and limited access to health facilities, tend to find it harder to engage in promotive behavior despite having strong intentions. This shows that to improve healthy behavior in the elderly, increased perceived behavior control is very important. Overall, the findings of this study support the concept of TPB in explaining health promotive behavior in the elderly. The three components of the SDGs interact with each other in shaping intentions and behaviors, but perceived behavioral control plays a key role that must be improved so that the elderly can realize their intentions. The practical implications of this study are the need for more holistic and oriented interventions aimed at improving social support, access to health services, and education that are relevant to the elderly and their social environment. Therefore, health promotion programs for the elderly in Pantai Labu District need to be designed with a comprehensive approach, involving families, communities, and health workers. This effort is expected to increase the perceived behavioral control of the elderly, so that they are better able to carry out health promotive behaviors in their daily lives. This research makes an important contribution in understanding the factors that influence health promotive behavior in the elderly, as well as being the basis for the development of more effective intervention strategies.

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Masdalifa Pasaribu

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