
**EFFECTS OF ANTI-SMOKING MEDIA ADVERTISEMENTS ON CIGARETTE SMOKERS IN MULTAN
PAKISTAN**

Dr. Abdul Wajid Khan

Assistant Professor
Department of Media Studies
The Islamia University of Bahawalpur, Pakistan

Malik Adnan

Visiting Lecturer (Communication Studies)
Directorate of Distance Education
Bahauddin Zakariya University Multan, Pakistan.

Sajjad Hussain

Public Relations Officer
Punjab Emergency Services
Rescue 1122, Headquarters Lahore, Pakistan

Muhammad Farooq Gilani

Visiting Lecturer (Media Studies)
The Islamia University of Bahawalpur, Pakistan

ABSTRACT

Smoking is the leading cause of many preventable morbidity and mortality, providing a worldwide challenge to public health. This paper evaluates the effectiveness of anti-smoking media advertisements on cigarette smokers with exposure to the media messages. This study was accomplished by a survey and grounded on Cognitive Dissonance theory and took for the population of smokers aged above 25 years. It was survey type research and data was collected through the questionnaire. Total 200 sampled of smokers fill the questionnaire, simple random sampling techniques was applied to select sample units. The main objective of the study was to analysis the effectiveness of media campaigns of anti-smoking. The sample was taken from Multan City, the biggest city in Southern Punjab of Pakistan. Collected data was analyzed in term of frequency, and percentage.

Keywords: Anti-smoking, media, campaigns, smokers

Introduction

Smoking is a worldwide hazard. It is a single most important cause of preventable premature death. According to WHO figures there are about 1.3 billion smokers in the world. 20 billion cigarettes are sold every day. Smoking is declining in US and many other western countries In USA smoking rate have decreased to almost half over the last three decades but it is on the rise in developing countries like Pakistan, India, Philippine, Thailand and Cambodia . In some developed countries in far East like Japan and China more than 60 % of male population smokes. One third of the world population smokes, 12 % of them are women and every day 100,000 kids are added to this number. Every year 5.6 million people die of tobacco/smoking related diseases. Every 6 second a current or former smoker dies. 70 % of smokers die younger than normal population. Smokers die 15 year younger than nonsmokers. In 21st century, 1.3 billion people will die of smoking. Smoking cigarette, pipe, cigar, Huqua, Shisha and other use of tobacco like chewing tobacco and tobacco sniffing all are dangerous and addictive. Nicotine present in tobacco smoke causes addiction by increasing the brain levels of chemicals like Dopamine and Endorphine. These chemicals give a sense of happiness hence there is craving for tobacco products. If a person tries to quit, withdrawal effects include irritability, anxiety, depression and lack of concentration. Tobacco and tobacco smoke have about 4,000 chemicals , 200 of these are poisonous and 60 of these chemicals are known to cause cancer (carcinogens). some of these chemicals are, benzene (a petroleum product), ammonia (used in dry cleaning and toilet cleaning), formaldehyde (a chemical used to preserve dead bodies and) and Tar. Tobacco smoke causes atherosclerosis (hardening of the blood vessels) leading to heart attack and stroke. It also contains carbon mono oxide which decreases oxygen in the blood. According to World health Organization, Smoking is a greater cause of death and disability than any single disease. Smoking is responsible for approximately five million deaths worldwide every year. Tobacco smoking is a known or probable cause of approximately 25 diseases, and even the WHO says that its impact on world health is not fully assessed. By 2020, WHO expects the worldwide death toll to reach 10 million, causing 17.7% of all deaths in developed countries? There are believed 1.1 billion smokers in the world, 800 million of them in developing countries. Anti-smoking ad campaigns raise awareness about the serious toll that tobacco use takes on one's health and the many lives it affects. Cigarette smoking is responsible for more than 400,000 deaths each year only in America. The toll of tobacco goes beyond the lives it takes. It impacts the smoker's loved ones, including children. Furthermore, smoking affects the numerous non-smokers exposed to hundreds of toxic chemicals in secondhand smoke. Tobacco smoking is the practice of burning tobacco and inhaling the smoke. A more broad

definition may include simply taking tobacco smoke into the mouth, and then releasing it, as is done by some with tobacco pipes and cigars. The practice may have begun as early as 5000-3000 BC. Tobacco was introduced to Eurasia in the late 17th century where it followed common trade routes. The practice encountered criticism from its first import into the Western world onwards, but embedded itself in certain strata of a number of societies before becoming widespread upon the introduction of automated cigarette-rolling apparatus. German scientists identified a link between smoking and lung cancer in the late 1920s, leading to the first anti-smoking campaign in modern history, albeit one truncated by the collapse of the Third Reich at the end of the Second World War. In 1950, British researchers demonstrated a clear relationship between smoking and cancer. Evidence continued to mount in the 1980s, which prompted political action against the practice. Rates of consumption since 1965 in the developed world have either peaked or declined. However, they continue to climb in the developing world. Smoking is the most common method of consuming tobacco, and tobacco is the most common substance smoked. The agricultural product is often mixed with additives and then combusted. The resulting smoke is then inhaled and the active substances absorbed through the alveoli in the lungs. Combustion was traditionally enhanced by addition of potassium or other nitrates. Many substances in cigarette smoke trigger chemical reactions in nerve endings, which heighten heart rate, alertness, and reaction time, among other things. Dopamine and endorphins are released, which are often associated with pleasure. Many smokers begin during adolescence or early adulthood. During the early stages, a combination of perceived pleasure acting as positive reinforcement and desire to respond to social peer pressure may offset the unpleasant symptoms of initial use, which typically include nausea and coughing. After an individual has smoked for some years, the avoidance of withdrawal symptoms and negative reinforcement become the key motivations to continue. It is well established that smoking is the leading cause of many preventable morbidity and mortality, providing a worldwide challenge to public health. Since Minnesota introduced the first paid anti-smoking media campaign in 1986, many other states have used a proportion of their cigarette excise tax revenue to fund large scale anti-smoking advertisement through the mass media. As the result of the Master Settlement Agreement between the tobacco companies and 46 states in 1998, the American Legacy Foundation launched the national anti-smoking "Truth" campaign in 2000. Pakistan is presently the sixth principal tobacco producing nation in the world. The nation has 4.0 percent of the global tobacco plantation and thus over 4.5 per cent of its total production and output. Two assortments of tobacco are cultivated in Pakistan, *Nicotiana rustic* and *Nicotiana tabacum* species. In the year 2000, tax revenues from cigarettes totaled Rs.19.8 billion (including Rs.18.5 billion in excise income and further 6% of all

taxes collected in Pakistan for that year). Alongside this setting, there are no facts available on the social costs of tobacco compared with revenues earned. Smoking is injurious to health...' it is quite famous proverb and old as well but didn't get as much attention with respect to its practical implementation. It is not only inconsiderate to smoke in public places but it is also illegal. It is not only detrimental to one's health but also to people one's around. People do have the right to smoke but they are not allowed to make that poison infecting the rest of other people. Smokers are the ones bringing something ugly into the air so they should get away from the other people. Smoking at the government offices and public places in Pakistan has been banned few years ago. Meanwhile, a mass awareness drive across the city has been launched regarding tobacco free environment. The District Committee for Tobacco Control (DCTC) has prepared a strategy to ensure smoking free health centers, government offices and public places across the city through implementation of anti-smoking laws. The laws outline punishments for anyone advertising or selling cigarettes near educational institutes. Smoking trends are seemed to be declining with the passage of time as people are more aware now about the serious effects caused by cigarette smoke. Tobacco not only causes harm to the individual who smokes but it also affects the health of the persons who live, work or travel with the smoker.

Literature Review

The anti-smoking media campaign has a long history in the United States. In the late 1960s, lots of health-care-oriented anti-smoking commercials were launched on television by health organizations. Most early studies examine their impact on smoking behavior using aggregate level data. For example, Hamilton (1972) finds that, during the period 1953- 1970, the anti-smoking advertising has a stronger smoking deterrent effect than the stimulant effect of industry advertising. However, according to the preliminary summary statistics of a population-based survey data, O'Keefe (1971) points out that the influence of such mass communication is quite limited. Only those with the propensity to quit perceive anti-smoking commercials as an effective advocate, whereas the majority of smokers may have more awareness of smoking's harmful effects but would not change their behaviors. Since the 1990s, many states have implemented statewide anti-smoking advertising campaigns to reduce tobacco use. This renewed the interest among academics and policy makers to evaluate the effectiveness of those programs. Pierce et al. (1998b) examine the effect of California's tobacco control program, started in 1990, on the trend of smoking behavior in California. Their results indicate that per capita cigarette consumption significantly declines 16 percent over the 1989-1993 period and 9 percent over the 1994-1996 period, and the same pattern

with smoking prevalence which, in 1996, was 18 percent in California and 22.4 percent in the rest of the nation. The main limitation of this study is that it is difficult to separate the effectiveness of the anti-smoking campaign from that of other concurrent anti-smoking policies. Hu et al. (1995) try to identify the separate effect of California anti-smoking media campaign on cigarette smoking, with controls for tobacco tax policy and the industry's magazine advertising response. They find that the media campaign reduces per capita cigarette consumption by 7.7 packs over the period 1989-1992. Biener et al. (2000) demonstrate that both adult smokers and non-smokers in Massachusetts are highly exposed to the anti-smoking media campaign, but the effectiveness of the campaign is perceived mostly by those non-smokers, quitters and smokers with the intention to quit. Focusing on Massachusetts adolescents, Siegel and Biener (2000) find that younger adolescents 12 to 13 years of age, who have self-reported exposure to television anti-smoking advertising, are significantly less likely to become established smokers during a 4-year period, but no significant effect among older adolescents 14 to 15 years of age. Tahir. (2003) from the Department of Mass Communication, Bahauddin Zakariya University Multan in his thesis has correctly observed that in Pakistan, two transnational companies British American Tobacco (BAT) and Philip Morris Industries (PMI) holds 78% of the cigarette market. BAT holds 67% shares in the Pakistan Tobacco Company (PTC), while PMI has a 30% share in Lakson Tobacco Company (LTC). PTC holds 38% of the market; LTC has a market share of slightly over 40%. The rest of the market is held by local companies such as Sarhad Cigarette industries, Khyber Tobacco Company, Souvenir Tobacco Company Limited and Saleem Cigarette Industries. Nazeer (2000) conducted a Master's thesis on "The impact of Anti-smoking ads through TV on Punjab university students as the universe of her research. The data was collected through the tool of questionnaire. It was found that one can stop smoking by his own will power. The ads are not doing anything to improve the will power of smokers. A large majority of the students felt that antismoking commercials are not enough to stop the smoking habit.

Research Methodology

Objectives of the Study

Objectives of this study are:-

1. To know which source mostly cigarette smokers get experience to the anti-smoking media advertisements.
2. To know how much cigarette smokers become motivated to leave smoking after getting experience from anti-smoking media advertisements.

4. To evaluate the role of peer group in maintaining the habit of cigarette smoking.

Hypothesis

1. It's more likely to say that greater the exposure of anti-smoking advertisements greater the will be the effect on cigarette smokers to quit it.
2. It's more likely to say that peer group is more important than anti-smoking advertisements for increase the sale of cigarettes.

Survey Method

The researcher intends to use the survey method to assess the effect of anti-smoking advertisements on cigarette smokers.

Universe and Population

The universe of this survey research is the entire people who are cigarette smokers aged above 25 years.

Sampling

The researcher selected 200 respondents who were cigarette smokers for this research through the technique of simple Random sampling in Multan city.

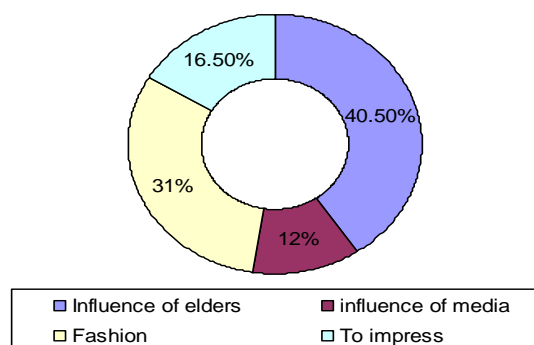
SPSS Analysis

In order to reach to a more accurate and scientific result out of the efforts of my survey the researcher subjected the results to a SPSS Analysis.

Findings

Table No: 1

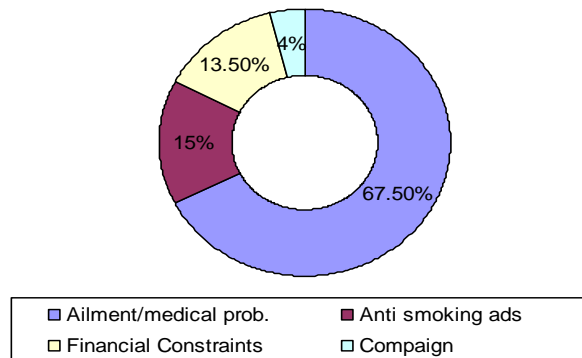
How did you start cigarette smoking?



According to this table 40.5% of the smokers were influenced by elders, 31% fashion, 12% influenced by media and 16% said to impress the masses.

Table No: 2

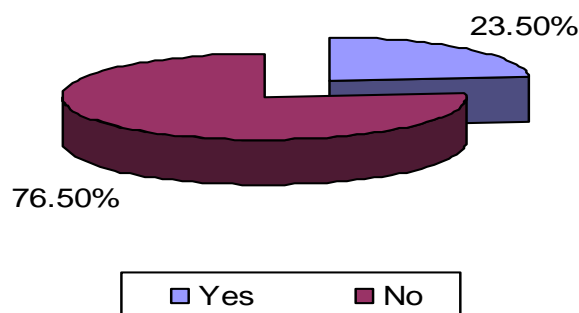
Have you ever thought about giving up smoking, what made you think so?



According to this table 67.5% smoker said due to medical problem, 15% said due to anti-smoking advertisements, 13.5% said due to financial and 4% said campaigns.

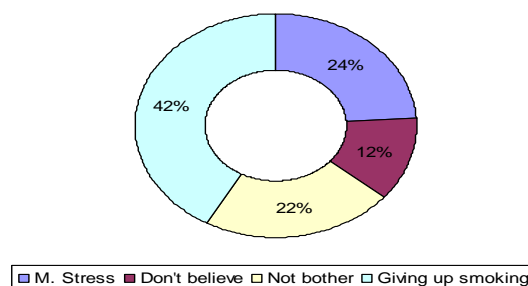
Table No: 3

Have you ever read the anti-smoking warning by Pakistan’s Health Ministry on the packet of your cigarette?



According to this table 76.5% smokers said no while 23.5% said they read it.

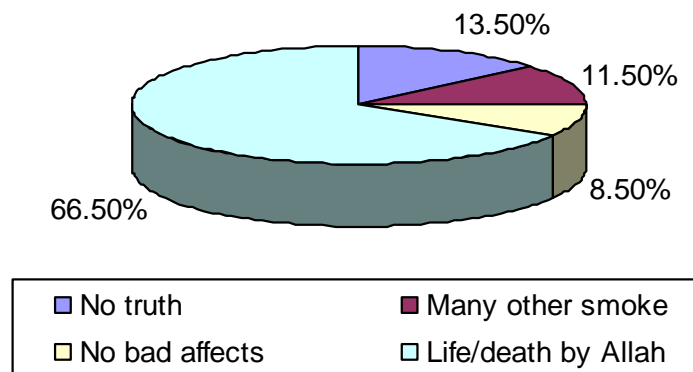
Table No: 4. Do you believe this warning?



According to this table 42% smokers said they think to giving up smoking, 24% said mentally stress, 22% said not bother while 12% said they don’t believe it.

Table No: 5

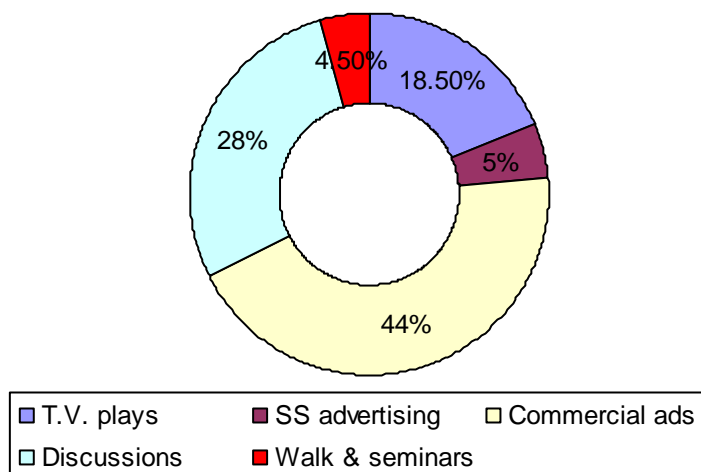
After watching the anti-smoking advertisements what you feel?



According to this table 13.5% said not truth while 11.5% said many other people also smoke, 8.5% said no bad affects and majority of smokers said 66.5% death is awarded by Allah.

Table No: 6

How can anti-smoking advertisements be made more effective?



According to this table 18.5% said T.V. can play a role 5% said advertisements 44.0% said commercial advertisements 28% said discussions, 4.5 % said seminars can be effective.

Analysis

During the course of this research the researcher has been able to reach to the following conclusions. When they asked a question, how did you start cigarette smoking, then 40.5% of the smokers were influenced by elders, 31% fashion, 12% influenced by media and 16% said to impress the masses. When they asked have you ever thought about giving up smoking, what made you think so, then 67.5% smoker said due to medical problem, 15% said due to anti-smoking advertisements,

13.5% said due to financial and 4% said campaigns. When they asked, have you ever read the anti-smoking warning by Pakistan's Health Ministry on the packet of your cigarette, then 76.5% smokers said no while 23.5% said they read it. When they asked do you believe this warning then 42% smokers said they think to giving up smoking, 24% said mentally stress, 22% said not bother while 12% said they don't believe it. When they asked, after watching the anti-smoking advertisements what you feel, then 13.5% said not truth while 11.5% said many other people also smoke, 8.5% said no bad affects and majority of smokers said 66.5% death is awarded by Allah. when they asked how can anti-smoking advertisements be made more effective, then 18.5% said T.V. can play a role 5% said advertisements 44.0% said commercial advertisements 28% said discussions, 4.5 % said seminars can be effective.

Conclusion

In the light of findings the researcher, conclude that the first hypothesis of study, It's more likely to say that greater the exposure of anti-smoking advertisements greater the will be the effect on cigarette smokers to quit it because majority of smokers said 66.5% death is awarded by Allah. So the 1st hypothesis rejected the 2nd hypothesis, it's more likely to say that peer group is more important than anti-smoking advertisements for increase the sale of cigarettes. Then majority of smokers 40.5% of the smokers were influenced by elders. So second hypothesis proved by the research. The researcher recommends that commercial advertisements can be effective o smokers because when they asked, how anti-smoking advertisements can be made more effective, majority of the smokers replied with anti-smoking commercial advertisements is best for campaign.

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