



The International Conference on Communication and Media 2014 (i-COME'14), 18-20 October 2014, Langkawi, MALAYSIA

## Health Awareness and Youth: A Study on the Impact of Visual and Caption in the Cigarette Packets on Youth

Deepthi Ramdas<sup>a</sup>, Arumugam Balasubramanian<sup>b\*</sup>

<sup>a</sup>Content Writer, Iclick.io, Bangalore, 560076, India

<sup>b</sup>Department of Communication, Amrita Vishwa Vidyapeetham University, Coimbatore, 641112, India.

---

### Abstract

In recent times smoking has been considered as a synonym of youth. The Government of India has taken initiative to create awareness about the health consequences of smoking. The image on the cigarette packets to gorier and disturbing pictures is an example for the same. In this paper the researchers analyzed the impact of the warning caption and image on the cigarette packets on the youth. Based on survey method and focus group discussion it was found that the warning captions and visuals are not communicating the message in an appropriate way.

© 2014 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

Peer-review under responsibility of School of Multimedia Technology & Communication, Universiti Utara Malaysia.

*Keywords:* Health consequence; visual impact; focus group discussion; factor analysis; cigarette smoking

---

### 1. Introduction

India is a diverse and vast country. In spite of the developments taking place in the country, it inhabits a very conservative society. In a conservative society like India, alcohol, tobacco and illegal drugs consumption are words that are considered taboo. However, it is surprising that smoking is one of the major issues of concern in India during recent times.

Of the current status, among 1.1 billion smokers in the world, 182 million hail from India (Kumar, Swaminathan, Flanigan, Mayer, & Niaura, 2009; Crothers, Griffith, McGinnis, Rodriguez-Barradas, Leaf, Weissman, Gibert, Butt, & Justice 2005). The study "Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980-2012" has

---

\* Corresponding author. Tel.: +91-989-424-0410; Fax: 0422-2656274  
E-mail address: [a\\_balasubramanian@cb.amrita.edu](mailto:a_balasubramanian@cb.amrita.edu)

been published in the *Journal of the American Medical Association* in a special issue on tobacco says Indians smoke 8.2 cigarettes per day on an average (Dhar, 2004). It is estimated that by 2030, around 500 million people will die due to smoking, and by 2020, 13% of deaths will be caused due to tobacco consumption. According to a survey conducted by the National Family Health Survey NFHS-3 in 2005-06, under the age of 15-49, 1.4% of women and 32.7% of men smoke, with a low of 14% from Goa and a high of 74% in Mizoram. Surprisingly, during a survey conducted by the same organization, NFHS-2 in 1998-99, 29.3% of men and 2.3% of women smoked (Kumar et al., 2009).

Many studies have shown the association between smoking and males, influential peers being smokers, socioeconomic status and educational status (Bobak, Jha, Nguyen, Jarvis & Mundial, 2000; Dijk, Reubsaet, de Nooijer, & de Vries 2007; Rani, Bonu, Jha, Nguyen & Jamjoum, L., 2003, Sorensen, Barbeau, Hunt & Emmons 2004). A wide range of literature deals with factors related to 'bidi' and other forms of smokeless tobacco in India (Ray & Gupta 2009; Jindal, Gupta, Aggarwal, Jindal & Singh, 2000; Makwana, Shah & Yadav, 2007; Vijayan & Kumar 2005). Individuals start smoking at the age of 15, continue to increase till 50 and then decrease (Narain, Sardana, Gupta & Sehgal 2011; Bhounsule, Abughosh, Essien & Sansgiry, 2013; Sinha, Gupta & Pedmekar, 2003).

The 2009 Family Smoking Prevention of Tobacco Control Act and The Framework Convention of Tobacco Control says that the graphic warning labels should cover the top 50% of the front and rear panels of the cigarette package (Leventhal, 1970), Borland, Wilson, Fong, Hammond, Cummings, Yong, Hosking, Hastings, Thrasher & McNeill 2009; Fong, Hammond & Hitchman, 2009; Kees, Burton, Andrews & Kozup, 2010). Further, the same warning labels are required in advertising and must comprise at least 20% of the advertisement's area.

Almost all smoking initiation takes place during adolescence, and the appeal through cigarette advertising is frequently proposed as one of the reasons for adolescents to begin smoking (Arnett, 2001). Teenagers and children feel that going around with a stick of tobacco in their hand or mouth is a new fashion. Nearly half of the high school seniors who participated in the National Youth Tobacco Survey said they would like to quit smoking. But they can't because, according to the Surgeon General's Report, "most young people who smoke daily are addicted to nicotine." However it has been found that 9% of advice, 12% of counseling and 17% of nicotine gum prescribed by physicians increase the likelihood of cessation of smoking (Ockene, Kristeller, Goldberg, Amick, Pekow, Hosmer, Quirk, & Kalan K 1991). Apart from these, agents like bupropion and varenicline also help in quitting this habit (Kumar, Kushwah, Mahakud, Prakash & Vijayan 2007; Nides, Oncken, Gonzales, Rennard, Watsky, Anziano, & Reeves 2006).

Several methods have been suggested for reducing the population of smokers in India. The initiation of depicting the negative health consequences of smoking in the form of warning caption and visual on the cigarette packets are methods being used for quite some time now. Canada was the first one to start with the concept of pictorial health warnings and Mauritius is the country with largest health warnings on cigarette packets with 65%. For the warnings on the front side of the package, Paraguay is the winner with 60% (Fong et al., 2009). When it comes to pictorial warnings, India ranks 123 among 198 countries. The caption on every cigarette packet is 'Smoking is injurious to health' and the logo is any ill effect of smoking or a scorpion. The Government of India has made it a strict rule that every cigarette packet should contain both of these.

A new initiative taken up by the Censor Board of India is to provide films having a scene in which the actor holds a cigarette or similar scenes, with an A certificate. This certificate provides an anxiety among the parents in whether or not to take their children along with them to watch the movie. Also the movie cinemas provide a statutory warning signal in the beginning of the movies, reminding people that smoking is injurious to health.

Apart from the ban on smoking in public places and increasing the tax on tobacco, other methods such as advising and making people aware of the ill effects of smoking and providing a helping hand in ceasing the practice are of utmost importance. Keeping this in mind the research focuses its attention on the effect of the various initiatives taken by the Government of India on smokers.

The following are the main objectives of this study:

- To study if the warning caption and visual printed on cigarette packets are communicating the message properly.
- To understand whether the warning caption and visual are creating any impact among the smokers for stopping or at least reducing the habits of smoking.

- To study whether there are any other alternatives to communicate the same message more effectively. For this purpose a sample of 80 smokers in the age group 18-25 have been chosen.

## 2. Methodology

The researcher used descriptive survey method using a structured questionnaire and focus group discussion to collect the necessary data for this study. The questionnaires have been designed on the basis of the following specific factors which are significant and relevant for this (i) General: To assess the general attitude of individuals towards smoking and the reasons for them to initiate into smoking. (ii) Knowledge: To assess the knowledge of individuals on smoking and passive smoking. (iii) Awareness: To assess the awareness created by the warning visual and caption on the packets. This scale also includes questions based on the visibility of the warning caption and visuals and whether or not it is creating a fear among the smokers on the ill effects of smoking. (iv) Thought: To evaluate the thoughts of the individuals towards their smoking and their attitude towards the warning captions and visuals. The scale includes questions based on the effect of passive smoking and their views on changing the warning caption and visuals. (v) Attitude: To study the attitude of individuals towards smoking and the timings when they prefer to smoke the most. (vi) Effectiveness: To assess the effectiveness of the warning caption and visuals on individuals and its long-lasting effect on smokers. The scale comprises questions on whether the warning captions and visuals helped in reducing or quitting the habit.

For focus group discussion, a group consisting of eight members who have the habit of smoking, six of them male and the other two female, with the researcher as the moderator was formed. The members of the group expressed their views and comments on the various issues related to this study.

## 3. Analysis and interpretation

From the focus group discussion, it was found that though the individuals do get affected by the warning visuals initially, the thought slips off their mind once they start smoking. The individuals responded that the warning visuals and caption do not stay in the mind for a long time. Thus the warning visuals are not effective enough, since they fail to retain in the mind for a long period. They also mentioned that neither an increase in the size of the warning visuals nor the number of warning visuals, will help them stop smoking. However, they did mention that a change in the caption could probably help in reducing smoking.

When certain other pictures were shown, it was found from the facial expressions that few of the individuals were affected. They also suggested those pictures to be the warning visuals when compared to the present ones, since it would create a better impact on the audience than it does at present.

However, the members did say that if they wished to smoke they would continue smoking. The warning captions and visuals did not play any role in helping them to reduce the number of cigarettes. Though one person mentioned the banning of cigarettes would be a solution, the others were of the opinion that if the tobacco was banned, they would switch to other alternatives such as 'beedis'.

From the data analyzed through factor analysis, it was found that 'awareness' scale had the highest priority when compared to all the other scales. This indicated that the warning visuals and captions on the cigarette packets did create awareness among the public about the health impacts of smoking. It was found that the smokers do notice the warning visuals and captions while buying the cigarette packets, which are clearly visible. It was also found that the warning caption and visuals send the message that it is supposed to.

However, from the factor analysis it was also found that though the warning visuals create awareness, it does not affect the smokers since the 'effectiveness' scale was third in place. This showed that though the warning caption and visuals send the message that they are supposed to, it did not create a long lasting effect and did not influence smokers to reduce or quit the habit.

This was proved from the focus group as well, in which the members said that they did notice the warning captions and visuals, but it did not influence them to reduce smoking. They mentioned that if they wished to smoke, they would, irrespective of the warnings portrayed.

## 4. Recommendations based on survey and focus group discussion

From the survey, it was found that most of the respondents recommended a change in the warning visuals from

the present one to a more disturbing visual. The respondents also recommended that an increase in the size of the warning visual would influence the respondents to quit smoking.

The individuals also suggested certain methods for discouraging smokers. They believed that an increase in the price of the cigarette packets would reduce the number of smokers. An increase in the amount of tax to be paid will also reduce consumption. Another suggestion was the ban of cigarette packets as a whole. However, when the moderator asked them what would happen to the business of those concerned, they expressed the opinion that health is more important than business.

This clearly shows that most of the individuals would like to reduce smoking and if possible quit smoking. However, they mentioned that once a person starts to smoke, it is very difficult to quit it. Most of them started smoking as a stress buster and as an entertainment. They suggested an increase in E-cigarettes or electronic cigarettes as an alternative to the tobacco content cigarettes, which would drastically reduce the health effects. The E-cigarettes are rechargeable cigarettes which emits smoke, creating a smoking environment, with less health risks.

## 5. Conclusion

Based on the analysis of the validated data collected from the survey method and discussions with a focus group conducted by the researcher, it was found that the warning captions and visuals were visible. It was also found that the smokers did notice the warning captions and visuals at the time of buying the cigarette packets. However, it was also found out that though the warning captions and visuals created awareness about the ill-effects of smoking, it did not create a strong effect which would help individuals to reduce or quit smoking. From the focus group the researchers found that once the habit becomes a part of a human being, it is very difficult to put an end to the habit. Thus, it was found that the warning captions and visuals are not communicating the message in an appropriate way, and that the Government has to take stronger steps in eradicating the habit of smoking.

## References

- Arnett, J. J. (2002). The psychology of globalization. *American psychologist*, 57(10), 774.
- Bhounsule, P., Abughosh, S., Essien, E. J., & Sansgiry, S. (2013). Journal of Behavioral Health. *Journal of Behavioral Health*, 2(2), 105-111.
- Bobak, M., Jha, P., Nguyen, S., Jarvis, M., & Mundial, B. (2000). Poverty and smoking. In *Tobacco control in developing countries* (pp. 41-61). Oxford University Press.
- Borland, R., Wilson, N., Fong, G. T., Hammond, D., Cummings, K. M., Yong, H. H., Hosking, W., Hastings, G., Trasher, J. & McNeill, A. (2009). Impact of graphic and text warnings on cigarette packs: findings from four countries over five years. *Tobacco control*, 18(5), 358-364.
- Crothers, K., Griffith, T. A., McGinnis, K. A., Rodriguez-Barradas, M. C., Leaf, D. A., Weissman, S., Gibert, L., C., Butt, A. A. & Justice, A. C. (2005). The impact of cigarette smoking on mortality, quality of life, and comorbid illness among HIV-positive veterans. *Journal of general internal medicine*, 20(12), 1142-1145.
- Dijk, F., Reubsact, A., de Nooijer, J., & de Vries, H. (2007). Smoking status and peer support as the main predictors of smoking cessation in adolescents from six European countries. *Nicotine & Tobacco Research*, 9(Suppl 3), S495-S504.
- Fong, G. T., Hammond, D., & Hitchman, S. C. (2009). The impact of pictures on the effectiveness of tobacco warnings. *Bulletin of the World Health Organization*, 87(8), 640-643.
- Jindal, S. K., Gupta, D., Aggarwal, A. N., Jindal, R. C., & Singh, V. (2000). Study of the prevalence of asthma in adults in North India using a standardized field questionnaire. *Journal of Asthma*, 37(4), 345-351.
- Kees, J., Burton, S., Andrews, J. C., & Kozup, J. (2010). Understanding how graphic pictorial warnings work on cigarette packaging. *Journal of Public Policy & Marketing*, 29(2), 265-276.
- Kumar, R., Kushwah, A. S., Mahakud, G. C., Prakash, S., & Vijayan, V. K. (2007). Smoking cessation interventions and continuous abstinence rate at one year. *Indian Journal of Chest Diseases and Allied Sciences*, 49(4), 201.
- Kumar, S. R., Swaminathan, S., Flanigan, T., Mayer, K. H., & Niaura, R. (2009). HIV & smoking in India. *Indian J Med Res*. 130, 15-22.
- Makwana, N. R., Shah, V. R., & Yadav, S. (2007). A study on prevalence of smoking and tobacco chewing among adolescents in rural areas of Jamnagar district, Gujarat state. *JMSR*, 1(1), 1-13.
- Narain, R., Sardana, S., Gupta, S., & Sehgal, A. (2011). Age at initiation & prevalence of tobacco use among school children in Noida, India: A cross-sectional questionnaire based survey. *The Indian Journal of Medical Research*, 133(3), 300.
- Nides, M., Oncken, C., Gonzales, D., Rennard, S., Watsky, E. J., Anziano, R., & Reeves, K. R. (2006). Smoking cessation with varenicline, a selective alpha4beta2 nicotinic receptor partial agonist: results from a 7-week, randomized, placebo- and bupropion-controlled trial with 1-year follow-up. *Arch Intern Med*, 166(15), 1561-8.
- Ockene, J. K., Kristeller, J., Goldberg, R., Amick, T. L., Pekow, P. S., Hosmer, D., Quirk, M., & Kalan, K. (1991). Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. *J Gen Intern Med*. 6(1), 1-8.
- Rani, M., Bonu, S., Jha, P., Nguyen, S. N., & Jamjoum, L., (2003). Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. *Tobacco Control*, 12(4), e4-e4.
- Ray, C. S & Gupta, P. C. (2009). Bidi and smokeless tobacco. *Current Science*, 96(10). 1324-1334.
- Sinha, D. N., Gupta, P. C., & Pednekar, M. S. (2003). Tobacco use among students in the eight north-eastern states of India. *Indian Journal of*

*Cancer*, 40(2), 43.

Sorensen, G., Barbeau, E., Hunt, M., & Emmons, K. (2004). Reducing social disparities in tobacco use: a social-contextual model for reducing tobacco use among blue-collar workers. *American Journal of Public Health*, 94(2), 230-239.

Vijayan, V. K., & Kumar, R. (2005). Tobacco cessation in India. *The Indian Journal of Chest Diseases and Allied Sciences*, 47, 5-8.