

GENDER DIFFERENCES AND THE EFFECTS OF HEALTH WARNINGS AND LEGISLATION ON CIGARETTE SMOKING

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Abstract: The widespread existence of smoking as a form of social behaviour despite growing worldwide disapproval has placed cigarette smoking at the heart of a growing controversy. The World Health Organization (WHO) now periodically reports on the effect of tobacco consumption on the health of smokers. In South Africa, new legal steps are being taken towards the control of tobacco smoking. This is in line with worldwide trends towards tougher tobacco legislation. Research on the topic of tobacco and smoking are numerous and represents world-wide attempts to understand and eradicate what is generally considered a deadly epidemic. However, the role of gender in cigarette consumption and tobacco-control is surprisingly under-researched. While few attempts have been made to study the underlying circumstances of smoking by differentiating between the genders, the possible response to tobacco-control measures by men and women seem to have not commanded much attention.

The present study was a response to the need to gain a better understanding of the differences in the smoking profiles of women and men and whether these differences are reflected in the way the two sexes respond, first, to health warnings on smoking and, secondly, to legislation prohibiting advertising of tobacco products. 50 women and 50 men drawn from tertiary institutions and retail businesses participated in the study by completing a questionnaire. The results show some similarities and differences between female and male smokers. In the light of this, it seems appropriate to suggest that more gender sensitive approaches to dealing with smoking problems might achieve better outcomes.

INTRODUCTION

This part of the study covers overview of the entire paper, statement of the problem, objectives of the study, and significance of the study.

Overview

The number of people smoking cigarettes has been on the increase worldwide. At the same time, there has been a great deal of controversy surrounding the tobacco industry (Popper, 1990). Studies done by the medical profession have shown a strong relationship between cigarette smoking and the incidence of diseases, some of which have resulted in death (WHO, 1997). Despite this alarming evidence, smoking continues and the tobacco industry continues to thrive.

The effects of cigarette smoking extend beyond the individual smoker to the society as a whole (Martin, White and McNeill, 1990). The concerns at the societal level are two-fold:

- Smoking by a pregnant woman can have detrimental effect on the unborn baby. More often than not, such babies tend to have or to be prone to smoking-related diseases.
- The cost to entire economies due to premature deaths and debilitating illnesses are quite high and appear to be increasing in many countries. These costs comprise fore-one productivity and the resources and time used in treating and taking care of the victims of smoking.

Attempts by governments to exert control have achieved limited success, largely because of the problem of how much control to apply on the industry and individual smoker without infringing too much on the individual's basic right to freely decide on whether or not to smoke, particularly, when no alternative product is given or suggested.

Three basic approaches have been used to deal with smoking and smoking-related problems, namely:

- Educating the public on the dangers of

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smoking. This is commonly done by placing information on the cigarette packet showing the risks associated with smoking. Other aspects of this approach include public debates by experts on the subject, information bulletins prepared by regulatory authorities and released through mass media; etc.

- Legislating against aggressive marketing of cigarettes;
- Protecting non-smokers from the effects of cigarette smoking by prohibiting smoking in public places. This has been done either by government or by quasi-governmental regulatory agencies.

Statement of the Problem

One striking feature of the approaches or strategies used in dealing with the problems of smoking, particularly at the individual level, is the fundamental assumption that such strategies are appropriate or relevant for all groups of people and situations. Nothing could be far from the truth. Societies consist of heterogeneous groups of people that often respond to issues in fundamentally different ways. In fact, tobacco companies have long realised this and have consequently made extensive use of market segmentation strategies. The issue here is whether males and females, young and adults, etc. portray similar response patterns to health warnings and other information on the harmful effects of smoking. If they do not as the available evidence seems to suggest (Jacobson, 1986; Moshish, 1989), it would be useful from a public policy perspective to find out the nature of the differences.

The present study focuses on only two groups: male and females. The reason for this is that very few of the available studies on cigarette smoking have examined systematically gender differences in smoking and response to health warnings. An important issue in this case is the fact that statistics consistently show a high rate of increase in the incidence of women smokers and women that are affected by smoking related diseases. An attempt is made

to review the statistics on smoking in order to discern the extent to which trends in smoking are different for men and women. This study also addresses the fact that warnings, in general, have been developed to target the public in general by using the threat of illnesses commonly associated with smoking or harm to unborn babies in the case of expectant women. This study addresses the effectiveness of these anti-smoking strategies in terms of the differences in reaction from men and women.

Several control measures have been developed to deal with problems caused by smoking cigarettes. However, for the sake of parsimony, only health warnings and tobacco bans (through legislation) are used in this study.

Objectives of the Study

- To find out if the reasons for starting and continuing to smoke cigarettes differ between men and women;
- To determine if men and women differ in their response to anti-smoking warnings;
- To gauge the differences between men's and women's perceptions of the effects of smoking on the health of smokers;
- To assess the differences between men's and women's perceptions of the control of smoking through legislation.

Significance of the Study

The fact that smoking is a topical issue throughout the world underscores the significance of this study. The government of South Africa in particular has taken the question of the control of the tobacco industry very seriously and recently passed a tobacco bill to that effect. Therefore, it is expected that the results of this study will be of particular interest to the South African government, health institutions, and the public.

GENDER DIFFERENCES IN SMOKING

Gender and Smoking Patterns

Available data seem to suggest that women's

response to the smoking and health messages has in fact been different from that of men. In the early years of the campaign against cigarette smoking, smoking declined much faster among men than women as men responded more vigorously to the anti-smoking message (Jacobson. 1986: 5). All in all, it seems that a shift has occurred over time making smoking a relatively bigger problem for women than men.. While no concrete evidence is available in South Africa on the annual number of deaths by lender attributed to smoking, looking at the case of such countries as the US, the UK and Australia represented by figure 1 (A), figure 1 (B) and figure 1 (C) respectively, the trends quite clearly show that smoking-attributed deaths for men seem to have decreased much more and much faster while for women they have maintained an upward trend in Australia and the US and declined only slightly for the U.K.

In Britain, the United States and Australia, there are still proportionately more ex-smokers among men than women (Jacobson, 1986:9). In USA, smoking among males over 18 years of age has declined from 44% in 1970 to 28% (16% decrease) in 1993, while the number of women smokers in the same age group and for the same period has decreased from 32 % to 23% (9% decrease). In Italy, while smoking dropped among males from 54.2% in 1980 to 6% in 1994, smoking among females remained constant at 17 %, In France, more women than men smoke in the 18 to 24 year age group; in Poland, while smoking among men dropped by 20% from 1982 to 1997, women smokers remained steady at 23% (Chapman, 1998: 2-5).

It was estimated in the World Health Statistics Quarterly (1996: 49) that between 1950 and 2000, a total of 10 million women will die of smoking-related causes. However, the distribution of such worldwide rates differ greatly between countries. While in the developed countries mentioned above women have or are catching up with men in their smoking habit, most developing nations exhibit different trends for the two sexes.

In South, Africa while male smokers are roughly 58%, female smokers are estimated to be only 17 % of the population even though the latter is increasing, In some other African countries such as ote Devoire and Swaziland, female smoking is not considered an issue as yet, being roughly at 1 % and 7 %, respectively (Amos, 1996:49). However, one should remember that 20-30 years ago the percentages of women smokers were also that low in developed nations. The developing countries need to address the problem before it reaches a crisis level.

It took a long time for the number of women smokers to start increasing at a fast rate. This was due to socio-cultural factors which in many countries inhibited smoking by women as it was considered unacceptable behaviour; also, for many years, women could not afford the

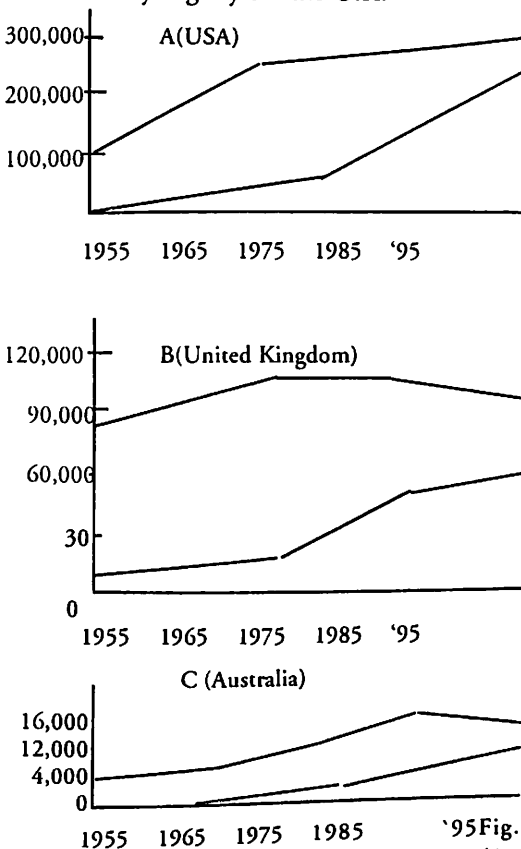


Fig. 1: Number of deaths per year attributable to smoking
Source: WHO, 1997

luxury of buying cigarettes due to their inferior economic status compared to men (Amos, 1996: 128). This explains why smoking related death rate among women is much higher in countries such as Canada, Denmark, the UK, and the USA which experienced a rather high rate of incidence of smoking by women relatively earlier (WHO, 1997:44).

There appears to have been a chain effect as women smokers served as role models to younger women, particularly their daughters and sisters (Jacobson, 1986: 68). In fact, research has confirmed that children who are exposed to smokers, particularly parents and teachers, are more likely to adopt the practice compared to children who are not so exposed (Jacobson, 1986: 66). Another reason that has been advanced for the phenomenal increase in the number of women smokers in the last few decades is advertising by the tobacco industry specifically targeting women. The industry has used three related marketing strategies to capture the women market. First, in designing the marketing programmes, the industry has used images and messages that promote smoking as glamorous, sophisticated, romantic, sexy, health, sporty, fun, relaxing, liberated, rebellious, even slimming; second, the industry has appealed to women by producing a women only cigarette brands and other types cigarettes that are more likely to appeal to women; third, the industry advertised extensively in women magazines thereby reaching a large proportion of its target market (Amos, 1996: 130). An analysis of the April 1998 issues of 21 women magazines by the Society for the Advancement of Women's Health Research found that, on the average, magazines such a Vogue had up to 9 pages of cigarette advertisements (<http://www.lungcancer.org/media/press-post2.htm>). It has been observed that cigarette companies have increased their marketing efforts in developing countries, especially the women market (Dehaeck, 1995: 23).

The above review shows that there are some differences in the smoking behaviour patterns of men and women. Perhaps more striking is

the fact that women, despite joining the smoking bandwagon much later than men, have a high tobacco related death rate than men.

Gender and Differences in Motives for Smoking

It has been observed that most smokers have their first experience in childhood. It develops as a result of curiosity, the desire to conform, the desire to be different or to break rules or norms, peer pressure and psychological needs (Amos, 1996: 130). The reasons often by smokers for their smoking habit include stimulation: alleviation of anxiety; tension or anger; pleasure; to reduce boredom; pressure; to appear sophisticated; or because it has become a habit. Two types of smokers have been identified:

- Those whose smoking habit is motivated by inner needs such as irritation, hunger, and happiness.
- Those who are motivated by social factors such as the need to gain confidence in the company of others.

The American Cancer Society identified the following as the psychological reasons people commonly cite for smoking (SALUS, 1994:16):

• Tension reduction	30.4%
• Pleasurable relaxation	15%
• Psychological addiction	25%
• Stimulation	10.6%
• Handling of sensorimotor stimulation	10%
• Habit	10%

The social setting is also an important determinant of the smoking initiation process. Parents who smoke or who have permissive attitudes towards smoking are more likely to have adolescent children that smoke. Also, the degree to which social and cultural norms condone smoking in women determines the extent of such a habit in the female population. In the African culture, it has been noticed that

as the role of women changes and they become more emancipated and independent economically and socially, smoking becomes a more observable behavior. While actual tobacco use had traditionally mainly been practiced by older women, in the form of chewing or sniffing, the current younger generation has started to smoke (SALUS, 1994:7) Smoking is in fact often regarded, in those circles, as a sign of social success and independence. The same phenomenon had been experienced in developed countries such as the U.S. where social norms at the beginning of the century limited smoking to males. Therefore, one of the reasons for the uprise of female smoking lies in the fact that it became a more socially acceptable behavior.

It has been observed that cigarette smoking by a large number of women in the U.S. did not become socially acceptable until cigarette advertising began to target women in the late 1920s and early 1930s. With regard to men and the social environment, it is often the case that smoking can be a part of the process of male socialization or the process of being a man (Chapman, 1995:3). In a way, often more for men than women, cigarette smoking represents a grown up form of behavior.

A study done in 1970 which classified smokers according to the occasions in which they thought then, were more likely to smoke, revealed that when cigarette consumption for men and women was compared, female smokers had higher scores for nervous irritation as a motive for smoking (Martin *et al.*, 1987: 52).

Frith's study (1971) further confirmed that women were more likely than men to smoke in stressful situations. Also, compared to men, women smoke more to relieve anxiety and anger (Martin, *et. al.*, 1987:52). This is another demonstration that men and women have different motives for smoking.

Of special importance to women are concerns about the weight and self confidence (Amos, 1996:130). Weight control and dieting

are well known obsessions of adolescent girls. Many cigarette advertisements are in fact associated with slimness and glamour. Because smoking is often closely related to self-esteem, it is believed that girls feel more dependent on cigarettes, compared to boys smoking similar amounts, and imagine that they would find giving up smoking more difficult. To the same extent, advertisements often associate smoking with an alternative presentation of oneself. Many cigarette advertisements, especially those that are directed at women, present smoking as an integral aspect of style - as an important part of the presentation of self in one's everyday life (Chapman, 1995: 3).

Also having friends or a best friend that smokes is a strong predictor of one becoming a smoker, whether male or female (Amos, 1996: 130). Education has also been mentioned as a relevant determinant of smoking. A study undertaken by the United States Department of Health and Human Services in 1994 concluded that in the 1980s, women without a college education were over twice as likely to take up smoking than those who went to college.

Other studies have shown that women are less successful at quitting smoking than men (Amos, 1996:131). It seems that, in addition to the feeling of addiction that follows initiation for both men and women, women's reasons for carrying on smoking are deeply ingrained in their personal well-being. For countries where there is a long history of female smoking such a phenomenon is mainly common among low income earners or women with low status jobs or with no jobs, single parents or divorced or underprivileged ethnic groups (Amos, 1996:131).

Cigarette smoking helps this cadre of people to cope and deal with feelings of stress while breaking from monotony and frustration. On the other hand, women in developed countries have strong beliefs that smoking is strongly related to weight control and that quitting leads to weight gain (Amos, 1996:131).

Therefore, as shown by the above review, even if the reasons for starting and continuing smoking for men and women bear some similarities, there are some important differences that are accounted for by the girls' and women's own social worlds. Those factors need to be taken into account and gender-sensitive approaches encompassing both public policy and legislation developed to effectively curb the smoking problem.

Gender Differences in Smokers' Response to Smoking Control Devices

The control instruments and activities aimed at curbing cigarette smoking are many and the corresponding literature diverse. In this regard, this study only focuses on health warnings and legislation, which are the most popular tools used in the fight against smoking and its harmful effects.

Health Warnings

Health warnings are statements put on packaging, product information inserts or advertisements to warn consumers that the product may have negative effects on their health or on the health of others (Chollar-Traquet, 1996:125). Such statements commonly include information on general health effects, specific disease risks, effects of passive smoking, effects on pregnancy, dependence and benefits of quitting smoking (Chollar-Traquet, 1996:125). It is argued that the consumer has not only a moral right to know those facts but also, in many countries, an actual legal right to know. Warnings are said to remain one of the United States Federal Governments most consistent policies with respect to alerting consumers to the dangers of cigarettes (Krugman et al, 1994:40). The South African Tobacco Products Control Act of 1994 addresses the issue of health warnings and quantities of hazardous constituents (tar and nicotine) on advertisements and packaging. This Act is intended to serve as a building block

for health education regarding the use of tobacco products.

Drawing from WHO, Chollar-Traquet (1996:125) notes that the basic functions/objectives of health warnings are to:

- Alert the public to the health hazards of cigarette smoking, its dependence-producing nature and its major adverse health effects.
- Deter people from starting to smoke or developing the habit.
- Support a health education program.
- Put weight of governments and health authorities behind an anti-smoking policy and hence promote a smoke free environment.
- Provide information on the benefits of quitting smoking and thus motivate and help people to do so.
- Specify tar, nicotine and carbon monoxide levels in an attempt to explain what those constituents are and what they each do to the body.

It is generally acknowledged that from the public health perspective, no other strategy currently in place can match warnings in terms of cost effectiveness in the delivery of health education (Chollar-Traquet, 1996:132). Despite this and in the absence of quantified data, the effectiveness of health warnings in serving the purpose of which they were meant remains unclear. Especially under-researched is the impact of health warnings on both genders and the possible improvements that the use of gender sensitive health warnings could bring about.

Studies on the effectiveness of health warnings are even, few. As observed by Richardson *et. al.* (1987), most of the studies that have investigated the impact of such measures have not been able to isolate the impact of warnings from other public education measures. However, general research seems to indicate that warnings suffer from wear out, overexposure and lack of novelty. Krugman *et.*

al. (1994), in a study relating to the effectiveness of health warnings found that while there is general knowledge that what appears at the one end of the advertisement is a health message, its influence seems to be limited. Moreover, studies seem to suggest that the non-warning part of cigarette advertising receives greater attention and focus of the target audience (Popper, 1990: 483) than the warnings part. The importance of novelty, as far as warnings are concerned has been acknowledged by many countries, including South Africa, which has concentrated on rotating warnings in an attempt to both attract and hold attention. However, novelty *per se* does not guarantee success. One important aspect of a warning device is the target market one is dealing with. While many studies have concentrated on the youth market in general, gender has been barely acknowledged,

The degree to which health warnings are effective is debatable. In Sweden, officials are not using the health issues as such to attempt to put women off smoking, because they have found that it has no impact (Dehaeck, 1995: 23). However, although warnings are widely used, studies such as the one undertaken in Sweden to determine their effectiveness with regard to gender are surprisingly few. Thus, the present study attempted to identify the extent to which health warnings have an impact on both genders.

Legislation on Tobacco

Legislation on tobacco is a sensitive topic. On the one hand, tobacco can be regarded as deserving some measure of control since it is the only legal product that is lethal when used exactly as intended by the manufacturers (SALUS, 1994: 2). On the other hand, legislation is expected to act in such a way as not to infringe on the individual basic rights since tobacco is a legal product.

Over 20 countries, including many which have excellent human rights records such as Canada, France and Norway have banned

tobacco advertising (SALUS, 1994: 3). France enacted tobacco legislation in 1992 to ban tobacco advertising, restrict smoking in many public places, and create no smoking areas in such places as restaurants. It is reported that this legislation resulted in declining rates of smoking, even though the change is very slow (Chapman, 1998: 4). In Britain, legislation concerning smoking is more in the hands of the public than the government. There is no written legislation that specifically outlaws smoking in public places or restricts such behavior within the workplace. However, public pressure has in many cases proven effective enough to have smoking banned in many workplaces.

The United States has one of the most aggressive campaigns against smoking and has achieved good results: most of the restrictions on smoking in public places have been complied with; and smoking in government buildings has been banned. All the states have their own anti-smoking legislation in varying degrees of strength and scope. For instance, California, Washington, Utah, Maryland, and Vermont have all banned smoking in every public place (Chapman, 1998: 2).

Although, China has no specific legislation regarding smoking in public places, in 1993, local authorities released a set of rules that restricts smoking in certain areas. Currently, 73 cities and 5 provinces have introduced such legislation and more are expected to follow (Chapman, 1998: 3). Australia, on the other hand, has strict workplace regulations regarding smoking that were introduced in 1986.

In South Africa, a ban on sales of cigarettes to children was introduced in 1993 and strong health warnings are required on advertisements. The Tobacco Control Act of 1993 bans the sale of cigarettes to children under 16 years. However undertaken by the South Africa Medical Research Council and the Greater Johannesburg Transitional Metropolitan Council (TMC) acknowledged that the Act is largely un known or ignored as nine out of ten

children aged between 10 and 12 were able to buy cigarettes from 200 retail outlets in the Greater Johannesburg Metropolitan Area (SA Family Practice, 1995: 496).

Another study undertaken by the South Africa Medical Research Council in 1995 found that over 60% of adults, including smokers, would support a total ban on tobacco advertising on the radio and 78 % would support the idea of local health departments regulating smoking in public areas. In 1998, the Tobacco Bill was introduced in an attempt by Health officials to curb the smoking problem. The Bill was passed in early 1999. The main aspects of the Tobacco Act are as follows:

- The prohibition of advertising and promotion of tobacco products;
- The prohibition of advertising and promotion of tobacco products in relation to sponsored events;
- The control of smoking in public areas;
- The restriction of the sale of tobacco products from vending machines in places that are accessible to persons under the age of 16 years.

Gender Differences and Effectiveness of Legislation

The effectiveness of tobacco legislation is debatable. Whether or not such controls will lead to a decrease in smoking is directly related to the question of whether cigarette advertising has an effect on the audience in the first place. For instance, Pollay *et. al.* (1994: 33) stated that "... cigarette advertising has shown remarkable power to create a demand for cigarettes... including far more people than would otherwise be the case to become smokers." On the other hand, researchers such as Calfee and Ringold (1990) found that there was actually little evidence to support the assertion that cigarette advertising can create a primary demand for cigarettes.

Moshish (1989) argued that the important factor in determining whether an individual would be at all affected by cigarette advertising

was the cause of smoking initiation and maintenance. He observed that what was important was whether such a causal factor came from within the individual or from the relationships between the person and various outside sources of influence, or from a larger socio-cultural system; or from any combination of the above (Moshish, 1989: 51). For instance, if smoking initiation and maintenance is the result of individual-related factors and is independent of environmental factors, then one must support the view that cigarette advertising is of no consequence. Moshish's view could prove important in a study of gender issues in smoking, even if it was not primarily intended as such by the researcher. As a matter of fact, the degree to which males and females start and maintain smoking as a result of individual related factors could have a direct effect on whether a ban on cigarette advertising would prove effective or not. For instance, if it is proved that most women start smoking without having been influenced by environmental factors such as advertising, then it follows that a ban on advertising would have no effect in stopping women from smoking. One of the purposes of the present study is to find out the reasons both males and females have for starting and carrying on with the smoking habit. The results hopefully, serve as a basis to study the effectiveness of bans on tobacco advertising.

While the effect of cigarette advertising remains debatable, more conclusive evidence comes from the study of cases where bans on tobacco advertising have been imposed. In 1975, Norway introduced a total ban on all forms of tobacco advertising. Several surveys thereafter revealed that the sales of tobacco per adult decreased between 1980 and 1991 (Chollat-Traquet, 1996: 114-115). Countries like New Zealand that followed suit in 1991 also experienced a measurable decrease in the incidence of smoking. In the case of New Zealand, it was found that, independent of price and income effects, there was a fall in consumption of 8.2% that was attributable to the ban on tobacco advertising (Chollat-Traquet,

1996:116). As a matter of fact, the New Zealand Toxic Substances Board in 1989 reported that countries that ascertained a greater degree of governmental restriction regarding tobacco promotion had the greatest degree of annual average fall in tobacco consumption (Mazis *et. al.*, 1992: 22).

If indeed women are more resistant to health warning messages, as implied by the literature on the subject, it is possible that such resistance extends to more drastic legislation such as advertising bans. As noted earlier as far as legislation is concerned the generally accepted view is that the population should be targeted as one. However, women when compared with men, are at different stages in their smoking life history and have different underlying motives. Therefore, it is quite possible that a general approach to tobacco control may not achieve the same rate of response from both men and women. This is one of the issues that were investigated by the present study.

RESEARCH METHOD

Population

The target population consisted of smokers over the age of 21 years from selected educational institutions and workplaces. It was necessary to focus on adults to avoid confounding the research results with the effects of parental control; that tend to influence the behavior of non-adults. Altogether, five tertiary educational institutions and five non-teaching workplaces were used in the study.

Sample Size

A sample size of 100 smokers was selected. It consisted of 50 women and 50 men.

Sample Selection Technique

A convenient sample selection technique was used. This technique was preferred because it was not possible to obtain or construct a sampling frame of smokers from the population of interest. Although this limits the

generalizability of the findings. it still provides useful insights.

Data Collection Techniques

Data was collected by means of a questionnaire. The questionnaire was developed using input from a focus group discussion and then refined following a pilot study.

Data Analysis

A descriptive technique of data analysis is used. Thus, the data is summarized and presented in the form of percentages. It was not appropriate to apply statistical tests given the nature of the sample and data.

RESULTS

The data is analyzed and presented in this section. The key issues/factors covered in the analysis are: main motives for starting to smoke; main motives for continuing to smoke; main advertised risks which could make the respondents stop smoking; cigarette health warnings; effectiveness of cigarette bans in stopping people from smoking and respondents perception of South Africa's new Tobacco Bill.

Initial Motives for Smoking

The 100 respondents were asked about their primary reasons to start smoking. Analysis of the responses to this question is presented in table 1.

Table 1: *Main Motives For Starting to Smoke*

<i>Motives</i>	<i>Males</i>	<i>Females</i>
Relaxation	20%	24%
Friends	40%	28%
Try something new	34%	28%
Keeps weight down	04%	20%
Other	02%	nil
Total	100%	100%

The above table indicates that peer pressure seems to be the most important reason behind the males' decisions to start smoking followed

closely by the novelty factor. Females, on the other hand, seem to find equally important the reasons of peer pressure and that of novelty. Relaxation was also relevant, with 20% of the male and 24% of the females citing it as the primary reason. The males and females' responses showed a marked difference over the weight issue with only 4% of the males rating it as having any importance and 20% of the females seeing it as relevant. The "other" reasons (2%) provided by the males in table 1 were those related to boredom and the desire to find a new past-time. They are related to the desire to try something new.

Table 2: Main Motives for Continuing to Smoke

Motives	Males	Females
Enjoyment	36%	38 %
Boredom	24%	04%
Rrelaxation	28%	55%
Media advertisement	04%	nil
Other	08%	03%
Total	100%	100%

As shown in table 2, enjoyment was given primacy by the male respondents and relaxation was the main reason given by the females for the decision to carry on smoking. Relaxation was in fact rated nearly twice as important a factor by the females while enjoyment was given the same importance by both sexes. Boredom was also a relevant factor and was rated as important by 24% of the male respondents but by only 4% of the females. Media advertisement was given negligible importance by the males (4%) while no importance at all was given by the females. The other relatively less important reasons given by both sexes were mainly those of physical addiction.

Risks of Smoking and the Decision to Stop

Table 3 shows the findings on the respondents ratings of the currently advertised risks of smoking that could have a bearing on their decision to stop smoking.

Table 3: Main Risks That Could Make Respondents Stop Smoking

Risks	Males	Females
Lung cancer/heart diseases/death	56%	36%
Harm to your partner/your baby	04%	24%
Harm to family	08%	16%
None	32%	24%
Total	100%	100%

Table 3 indicates that for both sexes the factors of diseases and death would be a more important consideration in deciding to stop smoking. However, it is a much more serious consideration to men than to women (56% vs 36%). The possibility of harm to the baby was rated six times more frequently as more important by the females than by the males while the proportion of women rating harm to family as an important consideration was twice as high as that of men. 32% of the males and 24% of the females would not stop smoking because of any of the advertised risks.

Health Warnings

Table 4 presents findings on the respondents' perceptions of cigarette health warnings. The respondents were asked first if they paid any attention to warnings, second if they recalled any, and third if such warnings could make them stop smoking.

Table 4: Cigarette Health Warnings

	Attention		Recall		Stop	
	Males	Females	Males	Females	Males	Females
Yes	40%	36%	76%	68%	28%	20%
No	60%	64%	24%	32%	72%	80%

As shown in the above table, there seems to be a slight discrepancy between the findings of the attention column and that of the recall column. For instance, only 40 % of the males said that they paid attention to health warning while 76% of them stated that they do recall one or more of them. Also, only 36% of females paid attention to health warnings, while 68% of them recalled seeing one or more health warnings. As such, one must assume that respondents, in

looking at the term attention related it to the term consideration. Therefore, while 76% of the males and 68% of the females are aware of the health warnings, only 40% of the males and 36% of the females consider them important.

The findings seem to suggest that not only do males as compared to females pay slightly more attention to warnings (40 % for males against 36 % for females), but they also have a higher level of recall (76% for males against 68%) and that more males would be willing to stop smoking as a result of health warnings (28% for males and 20 % for females).

When asked which warnings they recalled the most, both genders leaned towards cancer. However, the males gave more consideration to death while the females acknowledge more the warnings dealing with children and babies.

The respondents were also asked why they would not stop smoking as a result of health warnings. Both males and females stated that smoking was their choice and that then, liked it. Some males also talked about addiction and the belief that the effect would only come in the long-term anyway. Others admitted that they had unsuccessfully tried to stop smoking. Some females also admitted to having tried to stop but resumed after they regained weight. Females rated highly their right to choose, their lack of belief in warnings, and how irritating and annoying the warnings were.

Tables 5 and 6 present results of the respondents' perceptions of bans on cigarette advertising. Respondents were first asked if they thought that such bans would be effective in decreasing the number of smokers nationally. Answers are shown in table 5.

Table 5: *Effectiveness of Cigarette Bans*

Effectiveness of Bans	Males	Females
Yes	12%	12%
No	75%	80%
No opinion	13 %	08%

As shown in table 5 above, there is a clear doubt of the possible effectiveness of a ban on cigarette

advertising. Table 5 indicates that both males and females see a ban on cigarette advertising as most ineffective. Only 12% of the males feel that it could be effective while 68% stated that it would be ineffective. 13% of the males had no opinion on the subject. For the females 12% thought that a ban on cigarette advertising could be effective while 80% said the contrary, 8% of the females had no opinion. When asked the reason for their answers, those who acknowledged the potential effectiveness of the measure stated that people would not be reminded of cigarettes if there was no advertising. However, the rest acknowledged the ineffectiveness of advertising in any case and the fact that tobacco is a legal product and freely available. Some females also stated that the ban might increase curiosity in the youth and thereby aggravate the problem. Some also stated that such advertising also serves as a potential source of information as far as the risks of smoking are concerned. Thus, the ban unwittingly removes a potential source of relevant education.

Respondents' Perceptions of South Africa's New Tobacco Bill

Lastly, the respondents were asked their general opinions on the new Tobacco Bill to be implemented soon in South Africa. They were given a few alternatives to choose from, as shown in table 6.

Table 6: *Perceptions of South Africa's New Tobacco Bill*

	Males	Females
Economically harmful	44%	56%
Useful in making people stop	8%	nil
Useful in protecting non-smokers /children	36%	38%
Deter people from starting	08%	06%
Other	04%	nil

Table 6 seems to suggest that the general opinion regarding the new bill is that it is going to be detrimental to the economy as a whole. However 36% of the males and 38% of the

females feel that it might, on the other hand, be useful in protecting non-smokers and children. None of the women thought it would be useful in making people stop smoking while 8% of the males thought it could. Also, few respondents (8% of the males and 6% of the females) recognized the bills' possible effectiveness in decreasing the number of people who start smoking. The remaining 4% of the males gave reasons that were related to the infringement of the basic rights of the individual and that it was too idealistic and impractical.

DISCUSSION AND CONCLUSIONS

The findings of this study show some similarities as well as significant differences between female and male smokers. While the main reasons for starting to smoke for both genders, are divided mainly between friends, relaxation, and novelty, the degree to which each gender views the importance of each factor is different. More specifically, while women smoke mainly to relax and reduce their weight or keep it low, men who smoke started the practice because they considered it a novelty or because of influence from friends. Thus, to deal effectively with the problems of smoking, public policy and other forms of intervention must differentiate between men's and women's motives for acquiring the behavior. General approaches are unlikely to succeed.

Both genders perpetuate the smoking habit because they enjoy it. However, besides this, women also continue the habit because it makes them feel relaxed while men do so to counteract the effects of boredom. For both sexes, cigarette advertisements in the mass media had negligible influence on the decision to start smoking. This implies that banning cigarette advertising is unlikely to result in a substantial reduction in the level of smoking.

As far as risks of smoking are concerned, the threat of death and diseases are the most important factors for both sexes. However, unlike men, women are equally concerned about the possible harm smoking could cause to the

unborn baby of a woman smoker. Overall, it appears that women are much concerned about the effects of smoking on their surroundings. Despite all this, women generally feel that tobacco health warnings are largely ineffective, implying that they are unlikely to quit smoking, whatever the risks.

Both sexes, express doubt about the effectiveness of bans on the advertising of cigarettes. Also, more women than men see the new South African tobacco bill as likely to harm the economy. Both males and females see the bill as a non-starter with very limited chance of inducing a significant number of people to avoid starting to smoke or to discontinue the habit.

Three key issues were addressed in this study, namely the profile of smokers, health warnings, and legislation. Smoking profiles and responses to health warnings showed definite gender differences. Although the respondents perception of tobacco legislation show differences by gender, the magnitude of such differences is small.

One important conclusion from the foregoing is the need to use more gender sensitive approaches in dealing with problems of smoking. This is due to the fact that men and women have different motives for starting and continuing to smoke. Since health warnings focusing on risks of smoking do not seem to work, it might be more useful to focus on the positive. That is, rather than using advertisements and other messages that address the negative or harmful effects of smoking, better results could be achieved by emphasizing the positive aspects of not smoking (Sheth, et.al. 1991).

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