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Effectiveness of antismoking campaigns using health shock appeals among male university students in Western Australia

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Summary **Background.** Smoking causes ischemic heart disease, cerebrovascular disease, and lung cancer killing 15,000 Australians every year. Despite extensive publicity of the harmful health effects of smoking, one in six Australian aged 15 years and over smoked daily representing 2.7 million active smokers.
Objectives. The research aimed to comprehend how active university student smokers respond to different appeals employed in public service antismoking campaigns in Western Australia.
Material and methods. The study examined the Quit Victoria 2006–2008 antismoking campaign using qualitative research method involving four in-depth focus group discussions with a total of twenty-four (N = 24) active male university student smokers in Western Australia between the age group of 18 to 24 years.
Results. Male university students became active smokers because of the perceived image of 'coolness,' 'macho,' media influence and experimentation. Impact on sports performances predominantly encouraged respondents in attempting to quit smoking. Sixteen students (67%) felt that graphic warning messages on cigarette packs had no effect on them due to desensitizing effects of repeated messages. Twenty-one participants (87.5%) felt that health shock appeal was ineffective in making them quit. Emotional appeals like humor, fear, and health shock were most persuasive in advertising messages which would assist in smoking cessation. Therefore, antismoking campaigns with shock health appeals were ineffective in helping smokers to abdicate smoking. Results suggested employing emotional or combination of rational and emotional appeals in maximizing the effectiveness of antismoking advertisements.
Conclusions. The study broadens the scope of devising effective antismoking campaigns and provide insightful implications for public health promoters as well as individualized care providers.
Key words: smoking, cessation attempts, antismoking campaigns, advertising appeals, shock health appeals.

Background

Tobacco smoking is unequivocally regarded as a public health challenge globally. Tobacco endemic is the most prominent preventable cause of death, responsible for taking lives of an estimated 6 million people a year [1]. The World Heart Federation insinuates that this figure will rise to more than 8 million deaths per year by 2030 [2]. Smoking causes ischemic heart disease, cerebrovascular disease, and lung cancer killing an estimated 15,000 Australians every year. These deaths set the Australian economy back by staggering $31.5 billion in social (including health) and economic costs [3].

The Australian Government has already taken several smoke-free policies and collaboration across Australia to enable and encourage smokers to quit. New kinds of National Tobacco Control Campaigns were aired since 2006–2008 targeting the young adults and teenagers. The campaign vividly depicted the range of toxic chemicals in cigarette smoke and featured mouth and throat cancer through graphic health warnings. Despite extensive publicity of the harmful health effects of smoking, Australia has approximately 5.3 million smokers who smoke on an average 18 cigarettes per day [4]. Overall, one in six (16%) Australian aged 15 years and over smoked daily representing 2.7 million active smokers

[5]. Smokers are less likely to quit when they pick up this habit at a younger age. Mahoney (2010) noted that while smoking rates in Australia amongst the general population have declined, those among university students, however, have not [6]. Tobacco smoking prevalence among Australian university students was higher amongst men than women that peaked in the age group 26–30 [7]. Questions stem from these circumstances that how university students become active smokers and if they are aware of antismoking campaigns? If so, do health shock appeal in antismoking campaign resonate with them to change their smoking behavior?

Health shock message is the use of fear tactics to portray negative health effects of smoking. The Quit Victoria 2006––2008 campaign used shock health messages displaying mouth and throat cancer through graphic health warnings. In Australia, an increase in adult cessation attempts was sustained for at least a month following the onset of a two-week mass media campaign that promoted injurious health harms of smoking [8]. Pictorial warnings featuring graphic depictions of diseases were significantly more efficient among Mexican youth and adults compared to human sufferings and symbolic images [9–10]. Despite widespread knowledge about antismoking campaigns and health risks associated with smoking, youth aged 18–24 choose to ignore

it and continue to smoke [8]. Antismoking campaigns are unable to engage youth equally. Personal testimonials, visceral negative executions or integrating both of them could reduce the likelihood of youth smoking in the future [11]. Antismoking campaigns targeting self-exempting beliefs of smokers to rationalize their smoking denotes 'cognitive dissonance,' the psycho-social theory: smoking despite widely spread information about its health effects [12].

Advertising appeals refer to approaches used to attract the attention of consumers and/or to influence their feeling towards the product, services, or causes [13]. Appeals utilized in the antismoking campaign are key determinants of antismoking behavior: beliefs, intentions, and actions regarding discontinuance of smoking. A rational appeal denotes a form of argument and motivation employed in the advertisements of products and services. Facts, figures, advantages, and disadvantages are used to resonate with consumers' intellects, rather than their emotions. An emotional appeal, on the other hand, is where the basis of an advertising message has strong emotional character [13–14]. Williams (2012) states "fear appeals rely on a threat to an individual's well-being that motivates him or her toward action" [15].

Researchers indicated that smoker's response to different message appeals are to a large extent mediated by the values they attach to smoking. Thus, the convention that one strategy fits all is destined to fail. Appeals used to compel antismoking behavior have yielded mixed success among youth [16]. California antismoking media campaign which focused on the health risk of smoking curbed smoking prevalence among adults [17]. The effectiveness of pictorial health warnings declined in Canada and the United States of America over the period 2002–2011 which could be sustained through periodical modifications [18]. Use of extreme fear message, on the contrary, have little effect on smoking cessation among active university smokers as they arouse negative attitude and evoke undesirable defensive behavior [19–20]. Studies found that emotionally evocative messages in antismoking campaign composed of personalized stories bears potential in triggering smoking cessation among respondents particularly the youth [21–22]. Research showed that both positive and negative emotional content in the antismoking campaign were effective in reducing smoking prevalence in England, whereas evoking negative emotions only affected the consumption level [23]. Emotional appeal is more useful than other appeals for conveying personalities when the target group is young whereas rational appeal works better on older groups [24]. Research indicates that no single call in antismoking campaign is likely to have universal resonance among youth [16]. Cohen, Shumate, and Gold (2007) also suggest combining different appeals for devising effective antismoking campaign rather than using a single approach [25]. Combining emotional and rational approach in advertising can prove to be an effective strategy for antismoking campaigners. While an emotional appeal is used to attract the audience, a rational appeal can work on a logical stage [13].

Objectives

Smoking rates are highest among young people and decline with the increase of age [3], but a few studies focused on campaigns targeting university students in Western Australia. In this regard, the study explored how active university student smokers respond to various appeals used in public service advertising in Western Australia. This study examined (a) the underlying motives behind university students becoming active smokers, (b) their level of awareness regarding Quit Victoria Antismoking Campaign 2006–2008 in Australia and (c) the resonance of shock health appeals in the antismoking campaign. The focus and content of the study were conceptualized in the following Figure 1 to examine the effectiveness of Quit Victoria 2006–2008 antismoking campaign using shock health messages to change smoking behavior.

Material and methods

This research examined the Quit Victoria 2006–2008 antismoking campaign using qualitative research method involving in-depth focus group discussion to get insights and comprehensive understanding rather than forming empirical generalizations. Previous studies and researchers' knowledge in this area of investigation guided to select the antismoking campaign and methods [6–7, 11, 16, 19, 26–27].

A total of $N = 24$ male university students between the age group of 18 to 24 years responded on a voluntary basis who were selected through snowball sampling technique. However, 28 students were approached by friends and friends of friends to participate in this research. Respondents were well known to the researchers as active smokers who revealed hidden and sensitive information about their response towards the antismoking campaign. The self-reported sociodemographic features of the respondents are presented in Table 1. All of the participants recruited were male residing in different suburbs in Perth, Western Australia. They
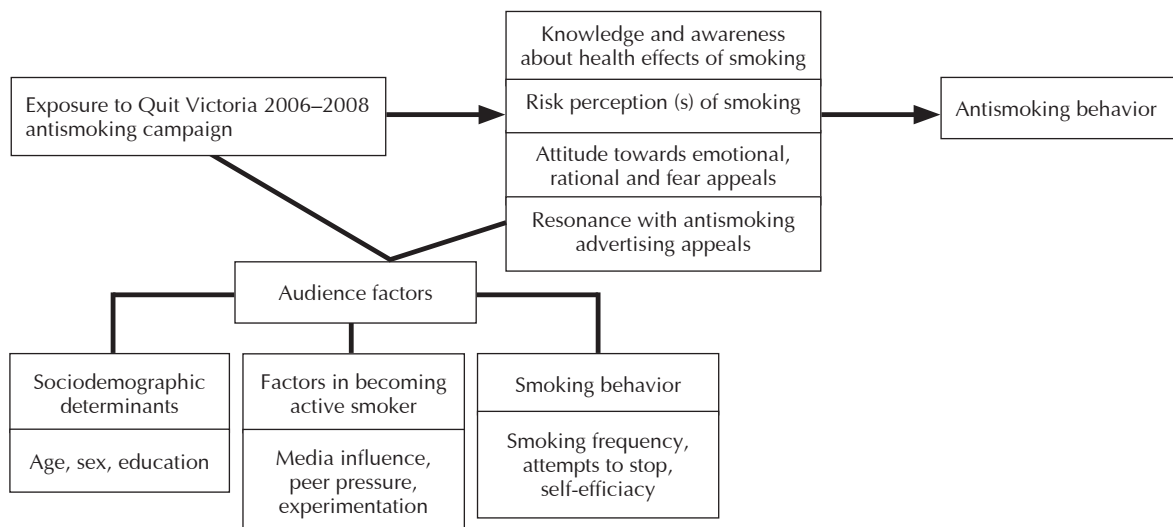

Figure 1. Conceptual framework

Table 1. Self-reported sociodemographic status of the respondents

Focus group discussion number	Age	Education	Working condition besides study	Financial status of family	Obtain money for cigarettes	Residence
Focus group discussion number one						
M1	20	Bachelor of Commerce	Part-time	Middle income	Personal income	Suburb
M2	19	Bachelor of Communication	Casual	Middle income	Personal income	Suburb
M3	18	Bachelor of Chemical Engineering	Part-time	Middle income	Personal income	Suburb
M4	21	Bachelor of Mechanical Engineering	Not employed	High income	Family income	Suburb
M5	19	Bachelor of Performing Art	Part-time	Middle income	Personal income	Suburb
M6	19	Bachelor of Performing Art	Casual	Middle income	Personal income	Suburb
Focus group discussion number two						
M7	22	Master of Professional Accounting	Part-time	Middle income	Personal income	Suburb
M8	24	Masters of Arts	Part-time	Middle income	Personal income	Suburb
M9	19	Bachelor of Communication	Not employed	High income	Family income	Suburb
M10	20	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
M11	20	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
M12	21	Bachelor of Communication	Casual	Middle income	Personal income	Suburb
Focus group discussion number three						
M13	23	Master of Professional Communications	Part-time	Middle income	Personal income	Suburb
M14	18	Bachelor of Communication	Casual	Middle income	Personal income	Suburb
M15	19	Bachelor of Arts	Part-time	Middle income	Personal income	Suburb
M16	19	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
M17	22	Bachelor of Education	Casual	Middle income	Personal income	Suburb
M18	20	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
Focus group discussion number four						
M19	23	Masters of Professional Communication	Part-time	Middle income	Personal income	Suburb
M20	18	Bachelor of Arts	Casual	Low income	Personal income	Suburb
M21	20	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
M22	19	Bachelor of Performing Arts	Part-time	Middle income	Personal income	Suburb
M23	18	Bachelor of Communication	Part-time	Middle income	Personal income	Suburb
M24	22	Master of Professional Communications	Part-time	Middle income	Personal income	Suburb
Sex of the respondent					Male	
Mean age of starting to smoke					17 years	
Smoking status					Active smoker	
Average number of cigarette smoked per day					13 cigarettes	
High-income household-1000 + AUD, Middle income household-700-800AUD, Low income household-400-475AUD *AUD--Australian Dollar *Weekly household income						

commenced smoking between the ages of 16 to 18, smoking more than 13 cigarettes a day at the time of the study. The mean age of respondents to commence smoking was 17 years. The study included only active male student smokers because there were difficulties in getting a sufficient number of active female smokers. Nineteen respondents (79%), a substantial proportion of the interviewees, were enrolled in undergraduate programs while five respondents (21%) were enrolled in graduate programs. All participants were studying full time and working either as a part-time or casual employee except for two respondents who were only studying. Twenty-one students (88%) reported the financial status of their family as middle income households, two students (8%) reported as high-income households and one student (4%) reported as low income household. Twenty-two students (92%) obtained money from personal income for buying cigarettes while two students (8%) received money from family (Table 1). We have numbered the male participants for presenting results of the research, for instance, M1 represents male respondent 1.

Creswell recommends a group of four to six respondents for in-depth focus group discussion [26]. Researchers conducted four focus group discussions and distributed 24 active male smokers across four groups of six members. We took signed consent from respondents before the commencement of interview. Subjects were placed in a classroom at Edith Cowan University (ECU) to ensure a comfortable and private atmosphere. The duration of each session was between 45 minutes to an hour. The focus group session commenced with a broad introduction to the aims of research to ensure participants' understanding on the subject matter. Respondents were shown both print and television commercial from Quit Victoria 2006 and more recent 2008 campaign to conduct the focus group sessions. Questions which guided the focus group discussions are presented in Table 2. We used a tape recorder to ensure a high level of accuracy. Faculty of Education and Arts Ethics Subcommittee under ECU Human Research Ethics Committee granted ethical approval before the commencement of the research (Project 2709) for the period of 26 June 2008 to 30 October 2008.

The data analysis followed the coding process model and analytical framework in qualitative research by Creswell (Figure 2). The data gathered were coded to "make sense out of text data, divide it into text or image segments, label the layers with codes, examine the code for overlap and redundancy and collapse these codes into broad themes" [26].

The study analyzed notes taken during the interview, tape recordings and anonymously coded voices of participants into M1 to M24. Though this is a qualitative study, numerical values were included by subjects' responses. The central focus was on a comprehensive understanding of issues not on quantification; quotes were used to show the experience of respondents. The findings were categorized and grouped according to specific research questions.

Researchers stopped adding additional sampling or focus group discussions upon completion of the fourth focus group discussion because respondents provided similar opinions adding no new insights. Moreover, frequencies were drawn by subjects' responses, which provide a guide to consistent or differing opinions. After finalizing the study

| Table 2. Topic guide for focus group discussions |
|---|
| (A) Motives behind university students becoming active smokers |
| When did you first start smoking? At what age? |
| Reason behind starting to smoke in the first place? |
| Who/what would be the most influential person/factor behind your smoking? |
| Did media play any role in influencing you to start smoking? |
| What is considered an active smoker? |
| (B) Level of awareness regarding Quit Victoria Antismoking Campaign 2006–2008 in Australia |
| What antismoking campaigns are you aware of generally? |
| What antismoking campaigns are you aware of in Perth, Western Australia? |
| Have you seen these antismoking advertisements? In which medium? Print or television? |
| Are you aware of the adverse health effects associated with smoking? Name a few health effects of smoking |
| Were you aware of the harmful health effects shown in the advertisements? |
| (C) The resonance of shock health appeals in antismoking campaign |
| What triggered cessation attempt? |
| Do the negative health effects make you want to stop smoking? |
| Does economic factor play any role in the level of intake? |
| What kinds of advertising appeals in general resonate or do not resonate with you? Why? [Attitude] |
| Which of the following antismoking advertisements from the Quit Victoria 2006–2008 campaign resonate or do not resonate with you? Why? |
| What advertising appeals should antismoking advertisements use to get you to quit smoking? |
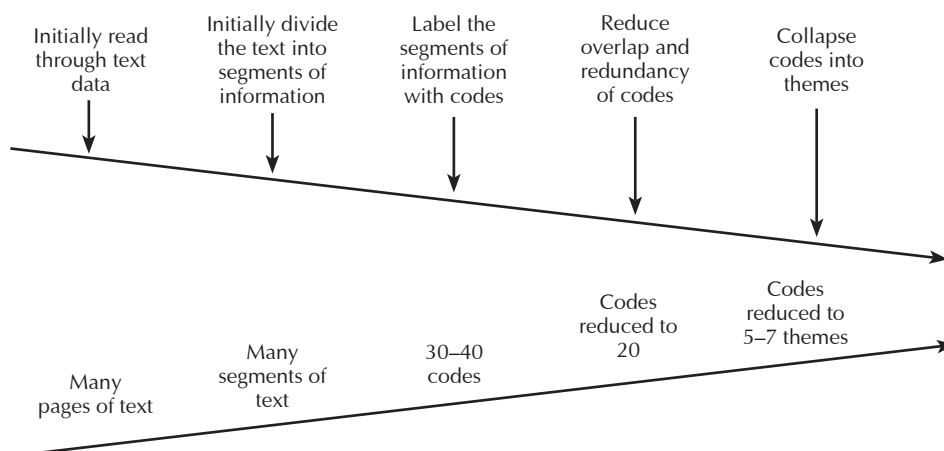
Figure 2. Visual model of the coding process in qualitative research

results, both researchers rechecked the whole recorded excerpts, transcripts, text-data, coding process, existing codes and the categorization of themes for ensuring maximum accuracy of the data as well as results.

Results

Factors in becoming active smokers

Table 3. Factors in becoming active smokers

Factors	Number of respondents
Peer pressure	12 (50%)
Media influence	7 (29.17%)
Experimentation	5 (20.83%)

Peer pressure, media influence, and experimentation (presented in Table 3) affected respondents in becoming active smokers. Twelve interviewees (50%) became active smokers due to peer pressure. Students explained how peer pressure influenced them in becoming active smokers:

> For me, it was something like *peer pressure* you see, it *looked cool* when I was in high school to smoke, so I did (M6). I started smoking probably because all my *friends* used to smoke (M4). *Friends* played a significant role behind *me* starting to smoke (M11).

The "cool" image associated with smoking and friends of respondents in high school formed peer pressure that influenced them to become active smokers. Seven respondents (29%) claimed that mass media affected them in becoming active smokers. Respondents stated:

> "Yeah, most of the movies have people who smoke, and you watch that, and you go like okay if he can smoke then I think I can smoke too and then one cigarette, two cigarettes and before you know it you are addicted" (M24). *Media* starts us up quickly, but then it is not useful in helping us quit. I mean you see any *movie-star* or anybody else smoking (M16). I used to see *James Bond* smoking a cigar and driving a posh car (M10).

Portrayal of smoking as normative behavior by movie stars starring in Hollywood films motivated respondents to start smoking.

> Five respondents (21%) confessed how experimentation led them to become active smokers. They stated: "being cool" (M1); "feeling of macho" (M8); "know how it feels" (M12). They wanted to experiment with smoking to obtain the 'cool' and 'macho' experience, and to get a feel of smoking.

Peer pressure, media influence, and experimentation were major factors, which influenced respondents to become active smokers. They perceived smoking to be cool and smart. Moreover, movie stars often smoke in films, which motivate young people to experiment with tobacco use. Youth wants to attain the 'cool' and 'macho' image as well as get a feel of smoking. Also, tobacco smoking was a means of relaxation, recreation, gossip, passing leisure: all part of popular youth culture.

Attempts to stop smoking

Respondents attempted to quit but were unsuccessful. Eleven interviewees (46%) tried to stop smoking for its adverse impact on performing sports activities (Table 4).

Table 4. Reasons for seeking to stop smoking

Reasons	Numbers of respondents
Sports impact	11 (45.83%)
Financial	3 (12.5 %)

> "I experienced lack in stamina while running… often breathing heavily" (M5). "Lifting weight at the gym, I could not do enough reps" (M8). "I used to play soccer professionally back in time. Once in the middle of the game, I collapsed, and medical staffs had to bring oxygen masks, and they took me to the hospital. Afterward, my coach asked if I smoked and I said 'yeah' and he told me that is why you cannot play as a professional player and smoke at the same time" (M16). "Normally I do not care much if smoking is doing any harm or not mate. I felt the effects when bowling long spells in cricket" (M23).

Three respondents (12.5%) tried to quit smoking for financial scarcity while rest of the respondents did not even try to stop smoking. Their attempts failed because the increased pricing of cigarettes affected only the consumption level but not the craving for cigarettes (Table 4). Respondents expressed their dilemmas:

> "Yes, the price of cigarette packs do play a role. They [Government] keep increasing the price almost every year by two dollars or so..." (M20). "When you spend 20–30 dollars on a pack of cigarettes it makes you think for 30 bucks I can get a carton of beer. Alternatively, I can buy a pack of smokes. For that time I was thinking that if I stop smoking, one week I will save so much. It is just *financial* but at the end of the day; I could not *even get past that one day"* (M22).

Young people attempted to quit smoking only for adverse effect on sports performance and price of consumption. Their attempts were unsustainable as appeals used in antismoking campaign failed to resonate with them.

Knowledge and awareness about antismoking campaigns

All of the participants noted that public service antismoking campaigns in Australia achieved their objective by delivering its intended message efficiently and concisely by informing respondents about the various adverse health effects associated with smoking:

> "I like the one where the ad goes like everybody is blind" (M3). Another respondent mentioned, "Then the ad goes on to say that some people just cannot see. Smoking kills" (M21).

In this study, all of the respondents agreed that the exposure to various antismoking campaigns has helped to remove the common misconception that smoking could only lead to lung cancer. Participants explained the extent of the limited knowledge obtained from antismoking campaigns:

> "I only knew about lung cancer" (M7) and "That was the main thing" (M20). The majority of the respondents, sixteen subjects (67%), felt that graphic warning messages on cigarette packs had no effect on them as they were immune to repeated messages but thought that it would be compelling to new smokers. It may not help us, people, who are smoking right now. However, it might assist the individual who is just about to start smoking especially the *kids* (M19). All cigarette packs now come with a warning like smoking cause blindness, lung cancer, so it is *common* (M5).

Eight respondents (33%) mentioned that graphic warning labels on cigarette packs reminded active and early smokers about the harmful health effects of smoking. The graphic health warnings were not effective in reducing smoking prevalence because active smokers are immune to shock health messages.

Active smoker's attitude towards advertising appeals

Twelve participants (50%) regarded emotional appeals to be most persuasive in advertising messages. Emotional appeals included humor, fear, and shock. According to the respondents:

Naturally, *freaks* you out (referring to an antismoking advertising) you try to settle your life you think it is going well and right and suddenly smoking causes you lung cancer (M13). *Humor* I would say. If it is funny, then I can sit and pay attention to it (M24). They should show smoke going inside the lungs *graphically* (M15). This ad was *gross* to see, but it has not done anything to me to quit (M2).

According to four respondents (17%), however, the choice of appeals was varied which depended on the product advertised. The findings revealed that active smokers were more likely to be persuaded by advertisements that had an emotional message and tone. Rational appeal proved more useful with purchase decision that involved consumer durables.

Emotional appeal

Sixteen respondents (67%) felt that emotional appeal would assist in helping them to quit smoking (Figure 3).

We know the problems except, the emotional thing *is going to take us close to stopping*. Not only you will get emphysema, your *mother, friends, future wife, but kids will also* be there waiting and *mourning* you in your death bed. That is the point that will make us think (M12). It looks very efficient to me; it has got an *emotional attachment* to it (M18). I think because most of the people here are immune to shock images. They do not get scared by these pictures, but probably you can use more *emotional approach* (M6).

Results suggest that use of evoking emotional content in antismoking campaigns will proliferate its effectiveness in reducing smoking prevalence as young people do not care about scary image or messages in the antismoking advertisement.
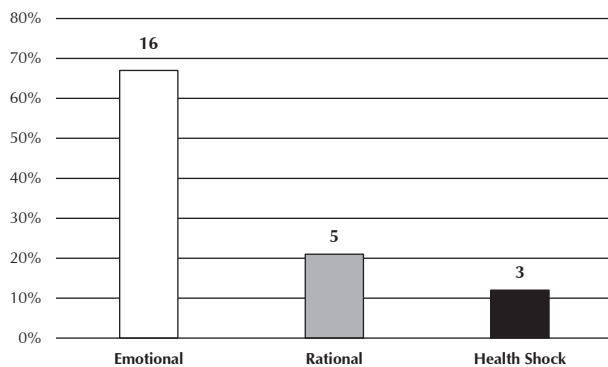

Figure 3. Resonance of Antismoking Campaign Appeals

Rational appeal

Rational appeal used in crafting antismoking campaigns made smokers reconsider current smoking behavior and triggered cessation attempts, confessed five participants (21%) (Figure 3).

At the end (of an ad) before you end it you should tell what the product does for you. You need to *explain it* (M1). I think it is the one with which you make an *emotional* attachment to (M4).

However, there was a dominant criticism on the use of rational appeal by nineteen respondents (79.17%) who said:

It is more of an *informational thing*; it does not tell you not to smoke. It is as you die alone, do not die with someone else (M22). For an advertisement, I would rate *emotional* ones like the first one more (M19).

Rational appeal alone is incapable of persuading young smokers to quit smoking as it only highlights facts and information lacking emotiveness. Therefore, emotional contents along with rational appeals would be more plausible to initiate quit attempts.

Health shock appeal

Twenty-one participants (87.5%) felt that health shock appeal was ineffective in making them quit smoking while three participants (12.5%) believed that health shock appeal would induce fear in them.

Advertisers are making scary images *common* by putting it in a cigarette pack. You just see it every day, and it becomes part of daily life. You do not even notice it. There should be something you notice (M17). All these ads (graphic advertisements) might only work if someone thinks about quitting otherwise all these ads will mean nothing to him (M1).

Twenty-one participants (87.5%) felt that negative graphics would put the "quit smoking" message forward more compellingly and stated:

I always ask for the packet with the *least offensive* ad. The eye one, for me, does not affect me that much, so I choose that (M16). I have seen many people come to retailers and say can I have one without the arteries, the one without the gangrene (M15).

However, nineteen respondents (79%) regarded the logical approach of informing the audience about smoking health risks in the advertisement as ineffective (Figure 3). Active smokers were unimpressed by the health scares presented. Respondents suggested:

Yeah, if you show in an advertisement, a kid is going I do not smoke. You have to put it to people in a way, to make them feel it is *trendy not to smoke*. It might work pretty well, instead of scaring them (M16). However, you can still see emphysema, and you can imagine like oh yeah I can get emphysema. So you probably might say, oh I do not want to smoke (M10).

The respondents felt that fear tactics used to portray negative health effects of smoking were superficial in nature. In their opinion, fear tactics did not trigger off any effect as they felt that they were far-fetched, bearing no resemblance to reality. In addition to that, active university smokers were acutely aware of negative health consequences through repeated exposure from public service campaigns regarding

antismoking and graphic warning labels on cigarette packs. One participant even suggested reverse emotional appeal.

Discussion

Peer pressure was the key factor associated with uptake of the smoking habit among Australian university students. It seemed that the "cool image" associated with tobacco use in high schools and negative peer pressure prompted youth or adolescents in becoming active smokers [6]. The exposure to smoking in films escalates the probability of adolescents smoking. Evidence suggested that viewing smoking in movies influenced teenagers' attitude towards smoking behavior. Hence, the image appeal was dominant in making students become active smokers [16]. Sociodemographic factors determine smoking behavior among Australian university students. Evidence suggests that if adolescents refrained from smoking until the age of 20, they were unlikely to start [7, 22]. Experimentation was another key element related to an increased possibility of being an active male smoker in this study. Every day 700 young adults who experiment with cigarettes become new active smokers in Australia, which asseverates with results from this study [28].

Antismoking campaigns in Australia were widely employed and reached a broad audience. It helped clear previously held misconception that smoking could only cause lung cancer. All of the respondents continued to smoke despite having extensive knowledge on adverse health risks related to smoking. Deterioration of health associated with sporting activities enticed quit attempts but was unsuccessful [6, 7, 12]. Cessation efforts propagated through graphic health warnings on cigarette packs were ineffective in achieving the desired behavioral change. Pictorial health warnings, contrarily, were useful in engaging antismoking behavior [9, 10, 17]. The effectiveness of health warnings declines over time that needs periodical modification for persistent impact [18]. "Smokers, especially young ones, may be prone to differentiate between the risk for smokers in general and the risk for themselves because they are optimistic and will avoid personal health consequences of smoking" [12]. Furthermore, health promotion strategies are incapable of convincing young people to quit smoking because they believe smoking relaxes them [6, 27]. Mahoney (2010) recommended taking more careful consideration in response to how this target group receives and decode health information [6]. In addition to health reasons, respondents mentioned that increasing the price of cigarettes had a significant effect in reducing cigarette consumption among Australian male university students but was ineffectual to make them quit [7] which is inconsistent with the results obtained from this study [9, 10, 17, 29].

About health concerns in antismoking campaigns, it seems evident that respondents preferred emotional over rational content. Emotional appeals resounded the target audiences, as they involved personal feelings. Traditional fear appeal or 'scare tactic' of warning youngsters of diseases has relatively less impact on university students. Studies, on the other hand, found that graphic health warnings induced in increasing calls to quit smoking among Mexican youth and adults in California [9, 17]. Active male smokers avoided such advertisements which meant continuous exposure of such ads would result in ignorance of messages. Wakefield, Loken, and Hornik (2010) demonstrated that the use of mass media campaigns could prevent health risk behaviors like the use of tobacco or smoking [11]. The combination of rational and emotional appeals seems to explain how active university smokers would respond to public service advertising in Perth, Australia. Image call, also classified as emotional appeal, was dominant in smoking reduction, which

restrained smoking initiation among active student smokers. Respondents also recommended using reverse psychology to publicize that it was trendy not to smoke.

Smokers were also aware of rational antismoking advertisements. Rational appeals in antismoking campaigns were regarded as ineffective because they did not provide in-depth knowledge on the ill-health effects of smoking. Cigarette packaging contained graphic knowledge of adverse health effects. Extensive knowledge of harmful health effects from smoking can strengthen rational appeal. Emotional appeal in antismoking advertisements seemed to resonate with active male university smokers because they were disturbed by their loved ones mourning over them. Results demonstrated that emotional appeal could encourage smokers to consider their loved ones as well as the emotion of seeing relatives crying over the smoker's death. Emotionally evocative antismoking messages which contained personalized stories about the harmful effects of smoking were more useful in making smokers think about quitting [22]. Hence, active university smokers would respond to a combination of rational (image and in-depth knowledge) and emotional (loved ones mourning) appeals in public service advertising in Australia [13]. Researchers also recommended integrating different calls for devising effective antismoking messages rather than relying on a single appeal in reducing smoking prevalence [25].

Emotional appeal was regarded by respondents in this study to be the most functioning advertising appeal that resonated with them. The use of emotional appeals as an effective antismoking strategy was viewed by researchers to be the best strategy, as participants would pay more attention, react less negatively to the messages, and remember them better [21]. Study on the effects of different emotive content found that both negative and positive emotional content are effective in reducing smoking prevalence, but the negative emotional content only affects the consumption pattern of smokers [23]. Fear appeal in antismoking campaigns influenced young smokers to lead tobacco-free lifestyles compared to other appeals. The impact of fear tactics may vary by fear arousal, perceived threat, and efficacy [19–20]. In this study, contrarily, the majority of respondents mentioned fear appeal to be ineffective in smoking cessation. Lennon and Rentfro (2010) suggested that primary reason for fear appeal to have little to no effect amongst respondents may be that the kind of graphic images used to induce fear in them desensitized young adults [20]. Wakefield et al. (2011) endorsed repeated cycles of broadcasting of antismoking campaigns to proliferate the effectiveness in initiating quit attempts [8]. Research indicates that emotionally arousing antismoking advertisement, compared to the unemotional antismoking advertisement, require fewer broadcasts to achieve the same level of effectiveness and are cost-effective [21].

Conclusions

The study broadens the scope of devising effective antismoking campaign and provide insightful implications for public health promoters as well as individualized care providers. The image of coolness and macho attracted university students in becoming active smokers. Active smokers had comprehensive knowledge and awareness of health risks associated with smoking, but they deliberately ignored them. Fear appeals used in shock health messages were far-fetched and ineffective to motivate male university students in adopting antismoking behavior. They suggested that emotional appeal, regarding sufferings/hurt, caused to their loved ones from smoking, might stimulate them to make cessation attempts. The combination of rational and emotional appeals may also resonate with male university smokers in antismoking campaigns.

Concentrated and continued effort needs to be put in message framing that resonates with smokers in an emotional way, taking account of the innate triggers to this addictive behavior through a variety of messages. Appeals used in antismoking campaign needs to combine both rational and emotional appeal, which not only holds viewers interest but also resonate with them. An effective antismoking advertisement targeted at youth must directly address their smoking behaviors. Family doctors can provide smoking cessation support and advice using emotional reasoning rather than relay factual and rational justifications. The research was carried out in Perth, Western Australia and restricted to only young male university students. The findings may be irrel-

evant to youths outside of Perth. The study recruited subjects by social contacts, which can introduce bias. Further, sample size might be unrepresentative of the population for generalization. Despite these limitations, this study adds a comprehensive knowledge of the effectiveness of different appeals in antismoking campaigns among active young male smokers.

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