

# A QUALITATIVE INVESTIGATION OF SOUTH AFRICAN CIGARETTE SMOKERS' PERCEPTIONS OF FEAR APPEAL MESSAGES IN ANTI-SMOKING ADVERTISING

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**Keywords:**

fear appeal; perceptions  
 of health risk; health  
 communication; smoking;  
 qualitative analysis

**Dates:**

Received: 02 Sep. 2008  
 Accepted: 27 Nov. 2008  
 Published: 02 June 2009

**How to cite this article:**

Lynch, I., de Bruin, L.M.,  
 Cassimjee, N. & Wagner,  
 C. 2009. A qualitative  
 investigation of South  
 African cigarette smokers'  
 perceptions of fear appeal  
 messages in anti-smoking  
 advertising. *Health  
 SA Gesondheid*, 14(1),  
 Art. #411, 7 pages. DOI:  
 10.4102/hsag.v14i1.411

**This article is available**

at: [www.hsag.co.za](http://www.hsag.co.za)

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**ABSTRACT**

Cigarette smoking continues to pose a global health risk, including in developing countries. Fear appeal messages have been widely employed in health communication to reduce cigarette smoking, but studies provide conflicting results on their efficacy. The present qualitative study explores smokers' perceptions of fear appeal messages used in anti-smoking advertising. Focus group discussions were conducted with male and female smokers from Gauteng. A thematic analysis found that participants negatively viewed advertisements that use unrealistic images and failed to relate to the message portrayed. Information about the risks associated with smoking was perceived as patronising and as positioning smokers as ignorant and unintelligent. In addition, fear appeal messages that only focus on long-term consequences of smoking were perceived as ineffective. Participants failed to identify with content that solely relied on factual information at the expense of an emotive appeal. The findings suggest that anti-smoking communication could benefit from content that evokes shock without sacrificing realism, that it should include information about short-term and immediately visible consequences of smoking and that it should avoid negative depictions of smokers that alienate them from the message being portrayed.

**OPSOMMING**

Sigareetrook dra steeds 'n wêreldwye gesondheidsrisiko, met inbegrip van in ontwikkelende lande. Vrees-oproepende boodskappe word algemeen in gesondheidskommunikasie gebruik om rookgedrag te verminder, maar studies toon teenstrydige resultate rakende die doeltreffendheid daarvan. Die huidige kwalitatiewe studie ondersoek rokers se persepsies van vrees-oproepende boodskappe soos in anti-rook-advertensies gebruik. Fokusgroepbesprekings is met manlike en vroulike rokers in Gauteng gehou. 'n Tematiese ontleding het gevind dat deelnemers advertensies wat onrealistiese beelde gebruik, negatief beskou en dat hulle nie met die boodskap identifiseer nie. Inligting oor die risiko's geassosieer met rook is as neerbuigend gesien en dat dit rokers as onkundig en onintelligent voorstel. Verder is gevind dat vrees-oproepende boodskappe wat slegs op langtermyngevolge van rook fokus ondoeltreffend beskou word. Deelnemers het nie met inhoud geïdentifiseer wat slegs op feitlike inligting steun ten koste van 'n emotiewe beroep nie. Die bevindinge stel voor dat anti-rook-kommunikasie uit inhoud kan baat wat skok uitlok, sonder om realisme prys te gee. Inhoud moet oor inligting van korttermyn- en onmiddellik sigbare gevolge van rook beskik en negatiewe uitbeeldings wat rokers van die boodskap distansieer, moet vermy word.

**INTRODUCTION AND BACKGROUND TO THE PROBLEM**

Smoking as a health-risk behaviour is preventable, yet tobacco smoking is positioned high on the list of health-risk behaviours, and the burden of disease attributable to smoking in developed countries is greater than that of all other health-risk behaviours combined (Kaptein & Weinman 2004:27). Globally, approximately 35% of men and 22% of women in developed countries smoke cigarettes (Mackay, Erikson & Shafey 2006:22–24). South Africa has similar prevalence rates to other developing countries, with approximately 31% of men and 8% of women in South Africa who smoke cigarettes (Department of Health 2003:3). Although the global prevalence of smoking has decreased over the past decades, this decrease has mostly been among higher socio-economic groups. Studies also show that certain populations such as young adults (Johnston, O'Malley & Bachman 2001:197) and adolescent girls increasingly take up smoking (Killen 1998:228–229). South African research shows that smoking significantly increases risk of death due to tuberculosis, chronic obstructive pulmonary disease, lung cancer, other upper aerodigestive cancer and ischaemic heart disease (Sitas *et al.* 2004:397). Smoking contributes in a very particular manner to health risks in South Africa, as the country has a high incidence of tuberculosis, which is further fuelled by the HIV epidemic (Sitas *et al.* 2004:399). In investigating tobacco-attributable mortality in South Africa, Sitas *et al.* (2004:399) conclude that smoking contributes to approximately 20% of deaths caused by tuberculosis. Furthermore, approximately 8% of all adult deaths in South Africa result from smoking (Sitas *et al.* 2004:399).

South Africa previously had no measures in place to control or reduce tobacco use, but since 1993 has introduced increasingly progressive legislative measures to control smoking. In 1995, health warnings were introduced for tobacco packaging and advertising (Swart & Panday 2003:3) and more progressive measures followed when the Tobacco Products Control Amendment Act of 1999 took effect. The Act restricts smoking in workplaces and other public places and prohibits tobacco advertising and promotion, including through sponsored events (Tobacco Products Amendment Act, No. 12 1999). Within this context, various initiatives are also continuously being implemented by government as well as non-governmental organisations in order to reduce the prevalence of smoking. These initiatives include health communication campaigns that communicate the risks involved in smoking and that aim to discourage smoking. The focus of this qualitative study was to explore how South African smokers perceive fear appeal messages in anti-smoking advertisements.

## LITERATURE REVIEW

### The efficacy of fear appeal in anti-smoking advertising

Anti-smoking communication has had limited success in deterring smoking behaviour. Some studies report positive results (Hafstad, Aaro & Langmark 1996:34; Smith & Stutts 2006:277) but others report that even sustained and highly visible anti-smoking messages have been demonstrated to be ineffective in changing attitudes toward smoking or deterring smoking behaviour (Bauman *et al.* 1991:600; Murray, Prokhorov & Harty 1994:54). There is also evidence for a 'boomerang' effect in health promotion campaigns, where messages that appeal to behaviour change result in responses opposite to what is called for (Ringold 2002:27). Wolburg (2006:298) reports that smokers who are recipients of anti-smoking messages often employ psychological responses such as denial, anger and defiance.

It is in this context that anti-smoking communication has increasingly incorporated fear appeal in messages aimed at reducing smoking behaviour. Fear appeal in advertising can be defined as 'persuasive messages that arouse fear' (Witte & Allen 2000:591). This strategy relies on fear as a powerful motivator in persuading an individual to change an attitude or belief (Witte 1998:424). Dion (2005:7) states that the condition of fear involves physiological arousal that results in more cognitive, affective and behavioural attention focused on the threat; resulting in an individual acting to lessen the threat and thereby reducing the fear. Research into the effect of fear appeal in advertising has considered the role of perceived susceptibility to the threat, which entails perceptions of the likelihood of experiencing a threat, as well as the role of perceived severity of the threat, which entails the extent of harm one expects from the threat (Witte 1992:330). Furthermore, research on fear appeal messages has also taken into account the role of perceived efficacy, which refers to the extent to which one perceives oneself as able to respond in a manner that serves to avert the threat (Witte 1992:330).

Studies exploring the efficacy of fear appeal in inducing behaviour change in relation to smoking provide equivocal results. Some studies have indicated that fear appeal is effective in persuading people to reduce health-risk behaviours such as smoking (Hale & Dillard 1995:73; Wakefield *et al.* 2003:242), yet Witte and Allen (2000:606) conclude from their meta-analysis that the use of fear appeal could in some cases have the opposite effect. The use of fear appeal may actually result in certain individuals adopting maladaptive responses, such as denial and avoidance. Witte and Allen (2000:604) state that fear appeal messages are most effective when combining a strong fear appeal with a message high in self-efficacy. Messages that combine strong fear appeals with low levels of self-efficacy are most ineffective in that they prompt psychological defensive responses such as avoidance or reactance.

### Investigating perceptions of fear appeal using qualitative approaches

Research concerned with fear appeal messages in anti-smoking communication generally focuses on the efficacy of fear appeal in changing attitudes and behaviour and commonly employs a quantitative approach. A case in point is the extensive review conducted by Witte and Allen (2000:596), which focused on fear appeals in public health campaigns. Of the 98 studies that they identified for review, only 5 employed a non-experimental design. There is, however, a small body of international research that investigates smokers' perceptions of fear appeal messages in anti-smoking advertisements using qualitative approaches.

From the latter type of research, several themes can be identified that relate to smokers' perceptions of anti-smoking advertising. Montazeri and McEwen (1997:31) found that anti-smoking advertisements that use fear appeal are perceived more favourably if they are realistic. Participants in their study preferred content that captures reality and messages that are

not artificial or highly stylised. Maguire and Love (2006:100) describe this as a distancing technique, in which participants find it easier to ignore fear appeal messages that they perceive to be unrealistic. Another theme reported in qualitative studies is smokers' perception that anti-smoking advertising presents information that is already known or is viewed as common sense. This perception includes the notion that smokers are aware of the risks involved in smoking and perceive messages that share information as condescending (Wolburg 2006:307).

A further theme is that of a defiant reaction by smokers to the limits posed on their freedom by anti-smoking advertisements (Gilbert 2005:239; Maguire & Love 2006:100; Wolburg 2006:307). Smokers perceive these advertisements as infringing on their right to choose their own actions and this can result in active resistance in order to assert their right to smoke (Gilbert 2005:241; Wolburg 2006:307). It has also been found that smokers react to anti-smoking messages by assessing the risks involved in smoking as part of a risk-benefit analysis (Denscombe 2001:168–169; Gilbert 2005:236; Wolburg 2006:308). The perceived benefits of smoking, such as stress relief or relaxation, are weighed up against the health risks involved. In such a risk-benefit analysis, the world is seen as inherently risky and the decision to smoke is perceived as justified as it is made in this uncertain context (Gilbert 2005:238). Related to this theme is the finding that smokers deny their risk in the face of anti-smoking messages. Smokers react to fear appeal messages by minimising the risk involved in smoking or equating it with other calculated risks taken every day. Participants in these studies stated that one could die from a variety of causes, so why not die from smoking (Denscombe 2001:169–170; Wolburg 2006:294).

Gilbert (2005:236) found that smokers perceive anti-smoking messages as simplifying the diverse and complex reasons that they draw on when choosing to smoke. The clear, rational and factual information about the health-risks involved in smoking presented by anti-smoking messages deny the complexity of these reasons. Furthermore, smokers in Gilbert's (2005:241) study found fear appeal messages to be ineffective, negative and counterproductive. Participants stated that being shown graphic imagery that relies on fear appeal results in their dismissing the message, and that the 'predominant focus on the negative medical effects of smoking often encourages smoking, because it fails to offer the positive effects of not smoking' (Gilbert 2005:240). However, in contrast to this finding, Montazeri and McEwen (1997:31) found that when comparing an advertisement that uses fear appeal to another advertisement that utilises a positive image of a non-smoker, participants had more favourable perceptions of the advertisement that uses fear appeal.

Most of the qualitative studies exploring perceptions of anti-smoking communication and the use of fear appeal have focused on adolescents and young adults and have pointed to salient factors in these groups that contribute to negative perceptions of fear appeal among young people (Denscombe 2001:158; Gilbert 2005:228–229; Wolburg 2006:320). In the qualitative studies identified for this review, ages of participants ranged between 10 and 25 (Denscombe 2001:162; Gilbert 2005:232; Maguire & Love 2006:98; Montazeri & McEwen 1997:30; Wolburg 2006:296), with only one study conducted including adult smokers (aged 40 to 49) in its sample (Montazeri & McEwen 1997:30). Considering that smoking prevalence is highest for adult South African smokers in the age group 25 to 49 (Department of Health 2003:3; Groenewald *et al.* 2007:677), perceptions of older age groups is an area worthy of further study.

It appears that the contradictory findings arising from some quantitative studies are also present in qualitative studies exploring perceptions of fear appeal in anti-smoking messages. In the light of this, as well as the fact that there is a lack of research that explores this topic in a South African context, the present study has the following objectives:

- To explore South African smokers' perceptions of anti-smoking advertising that uses fear appeal.
- To provide more in-depth understandings of the perceptions of fear appeal advertising by using a qualitative approach.

## STUDY DESIGN

### Sampling and data collection

In order to investigate smokers' perceptions of fear appeal messages in anti-smoking advertisements, focus group discussions were conducted with participants from Gauteng. Data were collected until saturation was achieved in that similar themes began to recur; this occurred when five focus group discussions had been conducted. A total of 30 participants were recruited by a professional recruitment company. In support of the exploratory nature of the study, purposive sampling was used to select a sample that would be diverse according to age, race and gender. Participants were further purposively sampled to include an equal spread of individuals identified as light, moderate and heavy smokers, based on the number of cigarettes smoked per day. Individuals who reported smoking one to five cigarettes per day were categorised as light smokers, six to ten cigarettes per day as moderate smokers and more than ten cigarettes per day as heavy smokers.<sup>1</sup> Once initial participants were identified, snowball sampling was used to recruit more participants. The motivation for recruiting participants in this manner was to ensure that a range of opinions was obtained. However, it is beyond the scope of the study to analyse differences in perceptions relating to race, gender or level of smoking and as such these constructs were not included in the analysis.

Participants' ages ranged between 25 and 49 years, with two group discussions being conducted with participants between 25 and 34 years (referred to as groups 1 and 2) and three groups with participants between 35 and 49 years (referred to as groups 3, 4 and 5). The focus groups were structured in this manner to allow for the emergence of potentially different perceptions held by different age groups – participants who share a similar life stage might be more open and comfortable in their interaction with each other. Considering the lack of research exploring the perceptions of adult smokers, as well as the higher prevalence rate of smoking for South African adults aged 25 to 49 (Groenewald *et al.* 2007:677), the current study excluded participants younger than 25 in order to focus on the perceptions of 'older' adult smokers. A further motivation for the chosen age group is that smoking is more likely to be established as a habit at this age than it would be among younger 'experimental' smokers such as adolescents and young adults (Gilbert 2005:232).

All of the focus group discussions followed the same procedure in which audio-visual equipment was used to screen a series of six anti-smoking advertisements. After viewing the advertisements, participants were guided in a discussion of their perceptions of the advertisements using a semi-structured interview guide. The same guide was used in all the focus group discussions and questions explored areas such as participants' general perceptions of the advertisements and their perceptions of the impact or efficacy of the advertisements. The focus group discussions were facilitated by the second author and were each approximately two hours in duration. The focus group discussions were tape-recorded.

### Advertisements

The advertisements selected for the purpose of the study were sponsored by a non-governmental organisation, the South African National Council Against Smoking (NCAS), as part of the Council's Public Service Announcements. These advertisements were made available by the NCAS for use in

1. Wilson, Parsons and Wakefield (1999:140) use a classification of 25 or more cigarettes per day as heavy, 15 to 24 cigarettes per day as moderate, and less than 15 cigarettes per day as light. During recruitment for the present study it was found that very few smokers fall into the moderate to heavy categories and the range across categories was adapted to ensure that a spread across various levels of smoking was still obtained.

the study with the aim of generating research that can aid the Council in developing more effective anti-smoking messages. The series included advertisements that have been aired on South African television, as well as advertisements that have not been aired. The advertisements all have the objective of using fear appeal messages in creating greater awareness of the health risks associated with smoking, and are briefly described in Figure 1.

### Data analysis

The focus group discussion data were transcribed and a thematic analysis was conducted. The thematic analysis entailed coding the transcribed data, grouping the codes into patterns or themes and then grouping related patterns into sub-themes (Aronson 1993:para.7). The coding process was primarily inductive in that predetermined categories were avoided and the codes were instead created as the data were examined (Charmaz 2008:155). After coding, the transcriptions were re-read to identify patterns

#### Advertisement 1: Don't jump

This advertisement features a 26-year-old male, Jonathan. He is standing on the edge of a very high building. As Jonathan is about to jump off the edge of the building, his friend is begging him not to jump by repeatedly pleading: 'Jonathan, don't do it, please don't do it ...' The advertisement concludes when instead of seeing Jonathan jumping off the edge of the building, he lights up a cigarette, and the disappointment on Jonathan's friend's face is clear. The final message of the advertisement is: 'Smoking can kill you – literally'.

#### Advertisement 2: Suzy Q

This advertisement is set at a house party with music playing in the background – a song called 'Suzy Q'. The people at the party are dancing, lazing around and chatting in a smoke-filled room. The camera closes in on a tall blonde girl. Two young men are shown to be watching her every move. They appear to be in awe of her beauty, but are puzzled by her next action: she begins picking her nose. At first, the two guys appear to be in disbelief. They look at one another and seem confused, but soon begin doing the same thing, until eventually the entire party of people are picking their noses and wiping their fingers off in the ash trays. The advertisement concludes with a message: 'What is so cool about a filthy habit?'

#### Advertisement 3: Children against smoking

This advertisement is set in a peaceful forest, featuring six-year-old twin sisters. The music for the advertisement is in contrast to the setting and seems aggressive, attempting to reflect the sisters' rebellion against their parents' smoking. They speak about their parents and would like their parents to wash their hands after smoking a cigarette, to smoke outside instead of inside and want their parents to still be around when they are older. The message towards smokers is focused on adjusting their behaviour out of a responsibility towards their children. The final message of the advertisement is: 'As children, we hate the fact that our parents smoke!'

#### Advertisement 4: Chemical facts

This advertisement presents the voice of a male character talking about the various harmful chemicals in cigarettes. There are no people or music featured in the advertisement, and the tone of the male voice is factual and scientific. The final message of the advertisement is: 'Cigarettes contain deadly substances'.

#### Advertisement 5: Lung runs away

This advertisement begins with a young man sitting in a restaurant early in the morning. There are no other people in the restaurant and he orders breakfast from the waitress. As the waitress approaches the young man, he begins coughing profusely, until eventually a lung emerges from his mouth and falls onto the table in front of him. The waitress and the young man seem astounded and shocked. His lung literally jumps off the table and runs out of the door of the restaurant. The final message of the advertisement is: 'Get your lungs back'.

#### Advertisement 6: Inside-out

This advertisement is set in a forest. The camera pans in on a very attractive young woman with a cigarette in her hand. The woman slowly takes the cigarette towards her mouth and inhales, the camera then pans past her and a tree blocks out her face for a few seconds. When her face comes into view again, it is distorted and resembles the inside of a smoker's lungs. The final message in the advertisement is: 'If smoking did to your outside what it does to your inside, wouldn't you quit?'

FIGURE 1  
Series of advertisements used in the study

of perceptions, which were then listed by direct quotes or by paraphrasing common threads (Aronson 1993:para. 4). These patterns of perceptions were then sorted into themes. In the analysis, themes were defined as units derived from patterns such as 'conversation topics, vocabulary, recurring activities, meanings and feelings' (Taylor & Bogdan 1989:131). The themes that were identified from the focus group discussion data were pieced together to form a comprehensive matrix of the collective perceptions of anti-smoking advertising.

The final stage of the process of thematic analysis involved the development of an argument for choosing the selected themes to work with. At this point in the analysis the researchers referred back to literature on the topic, which allowed inferences about the information gathered. Internal validity was enhanced through matching the literature and the theoretical ideas developed about the data (Bryman 2004:273). Once the themes were collected and the literature studied, theme statements were ready to be formulated (Aronson 1994:para.9).

The second author conducted the primary analysis and an independent analysis was conducted by the first author. Where discrepancies occurred in the themes that were identified, they were reviewed by repeatedly returning to the data until a common understanding could be reached. This ensured the internal reliability of the data by subjecting it to more than one observer and reaching agreement on the analysis between two members of the research team (Bryman 2004:273). Direct quotes from the focus group discussions are presented where ever possible in order to allow the reader to make his or her own judgements about the conclusions reached during the analysis. This presents an opportunity for the credibility of the accounts to be established (Bryman 2004:274).

### Ethical considerations

Ethical clearance was granted by the Faculty of Humanities Research Proposal and Ethics Committee of the University of Pretoria. Participants were fully informed of the purpose of the study and the nature of their participation. They were also assured of the voluntary and confidential nature of participation and of their right to withdraw from the study at any point. Participants provided verbal consent for their participation. Permission was also obtained from participants to tape-record the focus group discussions (Bryman 2004:509–514).

## RESULTS

Four main themes emerged relating to smokers' perceptions of anti-smoking advertising that uses fear appeal messages.

### Fear appeal as science fiction: negative perceptions of unrealistic messaging

The first theme shows that participants perceive the content in the series of advertisements as exaggerated and unrealistic. Using unrealistic messages was identified as a factor that impeded smokers' ability to relate to the message portrayed in the advertisement. Participants indicated that for an anti-smoking message to be effective, it needs to be realistic and promote identification between the advertisement and the viewer. A participant stated the following in reference to the 'Inside-out' advertisement:

*For me, it's science fiction when I see a beautiful woman become a skeleton, in my mind it's science fiction, that's the way I feel about it. It has no impact on me, it freaks me out and I don't like it, but you know what, it's science fiction, it is something that belongs with Star Wars, and I just can't handle it!*

(35 to 49 years, Group 3)

Another participant stated:

*I think it's over the top, it is completely overdone.*

(35 to 49 years, Group 4)

By perceiving the graphic manner in which the harmful consequences of smoking is portrayed as unrealistic, participants were able to distance themselves from the message contained in the advertisement. This appeared to be relevant to all the advertisements in that the more unrealistic the advertisements were, the more likely participants were to distance themselves from the message.

### 'I know all about that, I know all the health issues': perceptions of a patronising tone

Participants perceived some of the messages in the advertisements as being conveyed in such a way that the participants felt that they were being 'talked down to'. Participants stated that the messages positioned smokers as being unintelligent and ignorant of the risks involved in smoking. By presenting rational facts about the negative effects of smoking, participants felt that the various complex and personal reasons they have for smoking were not being validated. For participants, the choice to smoke is made while being cognisant of the health risks. Participants stated that the implied message was that if smokers could only be educated on the risks associated with smoking, they will quit, yet many participants felt that such an approach was ignorant of their realities as smokers and constructed them as ill-informed:

*I know how much tar I am putting in my lungs, I know all about that, I know all the health issues.*

(25 to 34 years, Group 1)

*To me, these ads are bringing out the negative side, obviously, because they don't want you to smoke, but I don't like it when things get a little hectic and they nag me. I hate that, I am an intelligent person and know what I am doing.*

(35 to 49 years, Group 4)

Older participants (aged 35 to 49 years) in particular perceived the messages in anti-smoking advertisements as infringing on their right to choose to smoke. They regarded smoking as a choice that they made while being aware of the associated risks. Participants related this to anti-smoking legislation, which they perceived as restrictive:

*I don't think it's right (to prohibit smoking in public), because most of us started smoking when we were quite young. But in those days you could smoke wherever you wanted to, you know, and we got used to that. Now, all of a sudden we're just being told "boom, now you can't!"*

(35 to 49 years, Group 4)

*I feel that laws can be very limiting, especially in public places. I spend a lot of time in the malls and sometimes I do not have money to go to a restaurant where I will have an area for smokers. The craving comes and I have to go and satisfy that outside. I sometimes find that I .... would come back with the cigarette and then remember that is not allowed.*

(35 to 49 years, Group 5)

At the same time, participants indicated that although they are aware of the dangers associated with smoking, they also doubted the credibility of the messages that convey these health risks. Participants from the focus groups with older individuals (35 to 49 years) in particular indicated that they distrust messages that depict smoking as dangerous, and motivated this by stating that something that is harmful would not be made available to the public:

*But why do they manufacture cigarettes if they know that they are so dangerous? That's the question I ask myself, so at the same time you justify to yourself that they can't be that deadly. I mean, why would they manufacture something that they know will kill you? Why don't they ban them once and for all?*

(35 to 49 years, Group 3)

*But why are they putting poisonous stuff into cigarettes when they know that we are going to smoke them?*

(35 to 49 years, Group 5)



Participants also spoke of the advertisements as assuming a patronising tone when referring to the 'Suzy Q' advertisement. Participants perceived the advertisement as discriminating against them as smokers by depicting smoking as a habit that is equivalent to picking one's nose. Similar to the theme of messages being perceived as unrealistic, the perception of being patronised results in participants distancing themselves from the health-risk message being conveyed in the advertisement. By depicting smokers negatively and equating smoking with a habit that is commonly seen as unhygienic and socially unacceptable, smokers distance themselves from the message and dismiss the advertisement:

*This advertisement is about passing judgement. No ways is smoking as bad as picking your nose!*

(25 to 34 years, Group 1)

*If you watch it and you are in your mid-twenties or whatever and you see an ad like this one, it's like that's a disgusting habit, it's like patronising, telling you it's a disgusting habit.*

(25 to 34 years, Group 1)

A participant indicated that this type of advertisement might be effective in discouraging smoking in younger people or people who do not smoke:

*I think it would work better for younger kids who haven't started smoking, or have just started off smoking, unlike talking to someone who knows what they are doing and they are aware of the pros and cons that exist.*

(25 to 34 years, Group 1)

### Perceptions of a focus on long-term consequences being ineffective

Participants perceived fear appeal messages that focus on long-term consequences or effects of smoking that are not easily visible as ineffective. Participants dismissed these messages as not being relevant to their current conceptualisation of themselves as healthy individuals and indicated that messages that focus on the immediately visible or short-term consequences of smoking would be more effective.

*... I mean, that is what it can do to you in the long term, people don't think about it like that, we are smoking now and enjoying it, we will not worry what it might do to us in the long term, unless you are really, really conscious about it ... it's like spending money on your credit card, it's not going to bother you. No, it bothers you later, but you spend anyway.*

(25 to 34 years, Group 2)

*We know that smoking affects our lungs, etc., but these things don't really get to you because you can't see what is inside your body, or what it really looks like.*

(35 to 49 years, Group 3)

*... we are not in denial, we know that smoking is going to kill us, but because of the time span that it is going to take to get there, we rather just carry on ...*

(35 to 49 years, Group 5)

Participants further motivated this by statements referring to their perception of their environment being inherently risky. They considered the long-term consequences of smoking to be less relevant in comparison to the immediate risks that they face every day:

*I mean you can show me those things, I don't care. Driving in a car can kill you quicker than smoking. I'm not going to stop driving in my car, so to me it makes no difference.*

(24 to 34 years, Group 2)

Another participant stated:

*But there are so many other things that I do that can kill me just as quick, really, like getting in my car every morning.*

(24 to 34 years, Group 2)

It is interesting to note that participants in both age groups perceived the focus on long-term consequences as ineffective.

### The perceived inefficacy of factual information at the expense of an emotive appeal

Advertisements using fear appeal that relied purely on presenting factual information about smoking being harmful, such as the 'Chemical facts' advertisement, were perceived as ineffective. Participants perceived the advertisements as devoid of any emotional content, as scientific and as too factual. This resulted in participants not being able to relate to the advertisements:

*This guy's voice, I have a problem with it, and he sounds like someone who does infomercials.*

(25 to 34 years, Group 1)

*If this came on television while I was watching, I would get up and go and make coffee.*

(35 to 49 years, Group 4)

Participants perceived advertisements that use an emotive appeal, such as in the 'Children against smoking' advertisement, as being particularly effective in portraying an anti-smoking message. This was substantiated by the notion that advertisements that present an emotive appeal are perceived as more effective than those that rely purely on providing factual information. Participants articulated the effect of the advertisement in the following manner:

*That children against smoking advert, where they say that they want their parents to be around longer ... yeah my kids also tell me, "don't smoke", you know. They want me to be around a little longer, you know. That sort of thing hit me, quite honestly.*

(35 to 49 years, Group 4)

*The "Children against smoking", that is a good and effective one. I am a father and if my daughter were to talk or do like these kids, I would consider quitting smoking. I love her very much and the thought that I might actually die before I see her growing to be somebody, that makes me think.*

(35 to 49 years, Group 5)

*We are all very soft on kids, even people who do not have kids themselves, they are affected as much as those that do. The thought of having someone's child suffering is not right.*

(35 to 49 years, Group 5)

*It shows you that you are affecting mostly the loved ones ... what about the people next to you, it really affects those people.*

(25 to 34 years, Group 2)

### DISCUSSION

Generally, participants perceived fear appeal – as employed in this study's anti-smoking advertisements – negatively. Similar to international literature (Montazeri & McEwen 1997:31), the study suggests that smokers perceive realistic fear appeal messages more favourably than artificial or highly stylised messages. In the present study, unrealistic fear appeal messages encouraged participants to distance themselves from the message and to adopt a position in which they view the risk portrayed in the message as unlikely to affect them. Such reactions indicate that health communication messages would benefit from images and information that evoke shock while remaining realistic. The finding that advertisements with an emotive appeal were perceived as more effective than those that relied purely on providing factual information would support the additional inclusion of emotional appeal in the messages.

Research by Beaudoin (2002:133) suggests that fear appeal messages should focus on conveying the short-term consequences of smoking to younger smokers and should inform older smokers of the long-term health risks. The present study, however, indicates that participants from the age grouping of 25 to 34 years and 35 to 49 years perceive fear appeal messages aimed at conveying the short-term or immediately visible consequences of smoking as more effective. It seems that fear appeal messages should include information concerning short-term risks, instead of only relying on information pertaining

to long-term consequences, which smokers tend to dismiss or ignore.

Participants also indicated that information about the risks associated with smoking was perceived as patronising and as positioning smokers as ignorant and unintelligent. This negative depiction resulted in participants distancing themselves from the message. This finding supports the notion that health communication messages should avoid negative depictions of smokers that alienate them from the message being portrayed and instead communicate the positive consequences associated with not smoking (Gilbert 2005:241). According to Gilbert (2005:241), there is a trend in health communication to frame high-risk behaviours in a negative light and discount the effectiveness of communicating the positive consequences associated with not smoking. None of the advertisements presented to the participants in this study communicated these positive consequences, even though the literature shows that smokers have expressed the need for messages that offer positive effects of not smoking instead of the negative effects of smoking (Gilbert 2005:240). This may have provided further impetus for the participants' negative perceptions. The findings in this study provide further support for Gilbert's (2005:240) more current research and do not endorse Montazeri and McEwen's (1997:31) earlier study with regards to this need.

Participants appear to hold a perception that life in South Africa is inherently risky and stated that they are faced with the possibility of dying at any time, and that they do not view smoking as being particularly more dangerous than the risks posed by their environment. Several authors suggest that smokers react to anti-smoking messages by employing a risk-benefit analysis of available behavioural options and that risk-taking health behaviour should be considered a strategy of weighing gains and losses in a broader social context (Campbell 1997: 274; Denscombe 2001:168-169; Gilbert 2005:236; Wolburg 2006:308). It is possible that the participants' strong resistance to information regarding health risks involved in smoking is in part influenced by this perception that their context is filled with unavoidable risks.

The South African legislative context, where smoking in public is prohibited, might also contribute to participants' perceptions of fear appeal in anti-smoking advertising. Older participants in particular indicated strong negative perceptions of anti-smoking advertising infringing on their freedom to choose their own actions. It should be kept in mind that these participants experienced a context where legislation to regulate smoking was absent. For example, health warnings on tobacco packaging and prohibitions against smoking in public were only introduced in 1995 and 1999 respectively (Swart & Panday 2003:3; Tobacco Products Amendment Act, No. 12 1999). It is possible that their strong reactions are in part due to their frustration at having to adapt to a context in which smoking is discouraged and highly regulated.

It is important that future studies incorporate socio-demographic aspects in design and analysis to determine whether these factors influence perception of fear appeal advertising. As this study explored fear appeal as a broad strategy in health communication, future research could incorporate different levels of fear appeal in anti-smoking advertising campaigns.

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