UNIVERSITY OF THE PHILIPPINES

Bachelor of Arts in Communication Research

Joyce M. Aguillon

Precious B. Romano

SmokeCheck:
A Study on the Effects of NCR Male High School Students' Exposure to and Recall of Anti-Smoking Advertisements to Their Perceptions of and Attitudes toward Smoking

Thesis Adviser:

Professor Randy Jay C. Solis

College of Mass Communication

University of the Philippines Diliman

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Joyce Aguillon Precious B. Romano

April 2012

SMOKECHECK:

A STUDY ON THE EFFECTS OF NCR MALE HIGH SCHOOL STUDENTS' EXPOSURE TO AND RECALL OF ANTI-SMOKING ADVERTISEMENTS TO THEIR PERCEPTIONS OF AND ATTITUDES TOWARD SMOKING

JOYCE AGUILLON

PRECIOUS BARREDO ROMANO

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SMOKECHECK:
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by

JOYCE MENDOZA AGUILLON
PRECIOUS BARREDO ROMANO

has been accepted for
the degree of BACHELOR OF ARTS IN COMMUNICATION RESEARCH
by

Professor Randy Jay C. Solis

and approved for the
University of the Philippines College of Mass Communication
by

Professor Roland B. Tolentino
Dean, College of Mass Communication

BIOGRAPHICAL DATA

PERSONAL DATA

Name	Joyce M. Aguillon
Permanent Address	Blk.17, Lot 7, Moonstone St., Citation Homes, Meycauayan City, Bulacan
Cellphone Number	09059305552
E-mail Address	joyce_aguillon8@yahoo.com

EDUCATION

Tertiary Level	BA Communication Research, University of the Philippines-Diliman, Quezon City, Metro Manila
Secondary Level	Valedictorian, St. Dominic Academy, Caloocan City, Metro Manila
Primary Level	Salutatorian, St. Dominic Academy, Caloocan City, Metro Manila

WORK EXPERIENCE

Intern	HealthJustice Philippines Summer AY 2010-2011

ACHIEVEMENT

College Scholar	2nd Semester AY 2008-2009 1st Semester AY 2010-2011
University Scholar	2nd Semester AY 2009-2010

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BIOGRAPHICAL DATA

PERSONAL DATA

Name	Precious B. Romano
Permanent Address	466 Libis 2 Sittio Libis Muzon San Jose Del Monte, Bulacan
Telephone Number	(+63-926) 288-9196
E-mail Address	preciousheart711@yahoo.com

EDUCATION

Tertiary Level	BA Communication Research University of the Philippines-Diliman Quezon City, Metro Manila
Secondary Level	First Honorable Mention, Polo National High School, Valenzuela City
Primary Level	Salutatorian, Perpetua R. San Diego Elementary School, Valenzuela City

ORGANIZATIONS	President, Polo United Methodist Youth Fellowship Christian Nurture&Formation Head, South Bulacan District United Methodist Youth Fellowship
WORK EXPERIENCE	Research Intern, HealthJustice Philippines, April-May 2011 Script Writer, Manila Episcopal Wide Christmas Institute, September-December 2010 Private Tutor, Hwang Residence, 2009-2012
ACHIEVEMENTS	College scholar: 2nd semester, AY 2009-2010 University Scholar: 2nd Semester AY 2011-2012

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DEDICATION

To our families

Aguillon and De Jesus-Romano

For supporting us to do our best

And achieve our dreams

To God be the Glory

ABSTRACT

Aguillon, J. &Romano, P(2012). *SMOKECHECK: A study on the effects of NCR male high school students' exposure to and recall of anti-smoking advertisements to their perceptions of and attitudes towards smoking,* Unpublished Thesis, University of the Philippines College of Mass Communication.

The study aims to determine the effects of the extent of exposure to anti-smoking advertisements and the recall of National Capital Region (NCR) male high school students to their perceptions of and attitudes toward smoking. Male students were chosen because the 2007 Global Youth Tobacco Survey estimates that there are 17% or 4 million Filipino youths with ages 13-15 years who are smoking. Of these early starters, 2.8 million are boys and 1.2 million are girls, thus majority are male in the high school level.

The Health Belief Model (HBM), Mere Exposure Theory, and Availability Heuristics Principle were used for the theoretical framework of the study. A survey was conducted randomly among 400 NCR male high school students. The researchers also conducted two Focus Group Discussions divided to smokers and nonsmokers.

Results found out that three in ten NCR male high school students had tried smoking at ages 12 to 14 years. There was a high general perceived susceptibility and severity of having smoking-related diseases among the NCR male high school students. The general attitude of the students toward smoking was either positive or negative (neutral). The study also found out that there was a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes towards smoking.

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CHAPTER I. INTRODUCTION

A. Background of the Study

Many Filipinos die due to smoking-related diseases. On a daily basis, 240 Filipinos die because of these smoking-related diseases such as heart failure, stroke, chronic obstructive pulmonary disease, peripheral vascular disease and many cancers. This accounts for 87,600 deaths due to smoking-related diseases in the country every year (WHO, 2009b).

Direct and indirect exposures to cigarette smoking cause these diseases. Direct exposure or first- hand is the actual smoking, while indirect exposure may be second hand or inhaling the smoke when a person smokes near and third-hand smoke or exposure to chemicals that remain after the cigarette is put out (Apelberg, 2007).

In connection with these dangers of smoking, there are increasing numbers of Filipino smokers and an alarming number of youth smokers. Republic Act of 9211(as cited in Department of Education [DepEd],2011), or the Tobacco Regulation Act of 2003, specifies the smoking prohibition in public places:

> Section 5. *Smoking in Public Places* - Smoking shall be absolutely prohibited in the following public places: a. Centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels, and recreational facilities for persons under eighteen (18) years old (p.1).

Thus, this law of the country protects specifically the youth from being exposed to smoking.

The Global Youth Tobacco Survey (2007) estimates that there are 17% or 4 million Filipino youths with ages 13-15 years who are smoking. Of these early starters, 2.8 million are boys and 1.2 million are girls.

With these alarming statistics, a number of anti-smoking campaigns are being implemented around the country. The Department of Education (DepEd) through their program Oplan Balik-Eskwela integrates anti-smoking campaign in schools for the protection of the students against the hazards of smoking. The main goal of the campaign is to ensure the implementation of the anti-smoking policies in schools (DepEd , 2011). Aside from the efforts of DepEd, the Metro Manila Development Authority (MMDA) has also launched its anti-smoking campaign in the National Capital Region (NCR). The MMDA enforcers have started to reprimand those who are smoking in public places (Aning, 2011). MMDA's vision of having a smoke-free Manila is the main reason why this study is made in NCR.

When it comes to advertisements, according to Bovee (1992), "Advertising is the non-personal communication of information usually paid for and usually persuasive in nature about products, services or ideas by identified sponsors through the various media." (p.7).The three major functions of advertisements are to disseminate information, to provide incentives to viewers for them to engage in action, and to provide constant reminders and reinforcements to generate the desired behavior the advertiser wants from them (Puranik, 2011). There are forms of advertising which are mainly connected

through the use of media; they are print (newspapers, magazines, and brochures), broadcast (TV, movies), oral (radio), and online (Gentry, 2010).

Most of the anti-smoking advertisements are in the form of advocacy advertising. Advocacy advertising aims to influence public's attitudes toward a particular issue (Shivani, 2009). Anti-smoking advertisements are tools to disseminate information about the dangers of smoking. They also aim to increase nonsmoking intentions (Pechmann, Goldberg, & Reibling, 2003). In contrast, most smoking advertisements which sell cigarette products to people are in the form of product advertising. Product advertising's main purpose is to promote certain products (Shivani, 2009).

Anti-smoking advertisements as well as other Information, Education and Communication (IEC) health programs against smoking can greatly diminish the prevalence of smoking in the country especially among the youth sector. Efforts to strengthen these health promotions by further studies related to anti-smoking advertisements are a must hence this study aims to contribute to those anti-smoking efforts.

B. Statement of the Research Problem and Objectives

Because of the prevalence of smoking in the youth sector nowadays, it is important to know their exposure to the current anti-smoking advertisements that help minimize the number of youth who are smoking. Hence the research problem and objectives will be:

1. Research Problem:

1.) How do the extent of exposure to and recall of anti-smoking advertisements of NCR male high school students affect their perceptions of and attitudes toward smoking?

2. General Objectives:

1.) To determine the extent of exposure to and recall of anti-smoking advertisements of NCR male high school students

2.) To determine how the anti-smoking advertisements affect the NCR male high school students' perceptions of and attitudes toward smoking

3. Specific objectives:

1. To determine the socio-demographic profile of NCR male high school students

2. To determine the NCR male high school students sources of information and cues to action about anti-smoking

3. To identify the different forms of anti-smoking advertisements that they were exposed to

4. To determine their extent of exposure to and recall of anti-smoking advertisements

5. To determine their knowledge, perceptions and attitudes toward smoking:

a. law *(RA 9211 which absolutely prohibits smoking in schools)*

b. dangers *(perceived susceptibility, severity and threats of first-hand, second-hand and third-hand smoke)*

c. ads and promotions

d. cessation *(perceived benefits, perceived barriers and likelihood of not smoking)*

6. To determine if their perceptions and attitudes toward smoking vary according to their:

a. extent of exposure to anti-smoking advertisements

b. extent of exposure to other sources of information about smoking

7. To determine if there is a significant relationship between the messages they recall from anti-smoking advertisements and their perceptions and attitudes about smoking

C. Significance of the Study

The main rationale of this study is to contribute to the efforts of Information Education and Communication health campaigns on smoking by providing data on the extent of exposure to anti-smoking advertisements and recall of the NCR male high school students.

In the Philippines, there are 17% or 4 million Filipino youth with ages 13-15 years who are already smoking. Of these early starters, 2.8 million are boys and 1.2 million are girls (Global Youth Tobacco Survey [GYTS], 2007). This is a serious issue that must be given attention. Survey results show that boys are most likely to start smoking during their high school days. Thus, this study focuses on the male high-school students. NCR is chosen in order to contribute to the MMDA's vision of a smoke-free Manila.

Moreover, the anti-smoking advertisements provide messages that are very vital in persuading students to not smoke. Hence, the researchers want to know the messages in the anti-smoking advertisements that the students recall. The students' extent of exposure to anti-smoking advertisements and recall are factors that can affect the students' behavior on smoking.

In order to have a more comprehensive view of the extent of exposure and recall of the NCR male high school students to anti-smoking campaigns, the study uses the Health Belief Model (HBM) that looks on the students' perceptions of and attitudes toward smoking. The HBM provides a framework that relates the specific objectives of this study to each other; it provides a possible explanation on the students' smoking behavior.

This study is a significant endeavor in promoting public health and proper law implementation of RA 9211 among the youth today. Hence, the knowledge of the students about the dangers of smoking and the smoking law is determined in this study. It is known that cigarettes can be purchased in *tingi-tingi* or by piece. Cigarette vendors openly sell cigarettes in streets and sidewalks. This kind of strategy makes it easy for an adolescent to buy a stick violating a section in RA 9211 that prohibits selling of cigarettes within the 100 meter perimeter of the school. The study through the awareness of the students on where to buy cigarettes provides incidental data if this law is followed.

Hence this study is helpful to those government agencies like the DepEd and MMDA; and Non-Government Organizations (NGOs) who are promoting anti-smoking among the Filipino youths today.

CHAPTER II. REVIEW OF RELATED LITERATURE

It is becoming increasingly difficult to ignore the number of youth smokers today. Because of the diseases smoking can cause, it becomes a threat to public health. Hence, the public must prioritize decreasing smoking prevalence. The youth's inherent characteristic of curiosity makes them prone to try smoking. Proper education and guidance are needed to protect the youth from the hazards smoking imposes. In order to delve deeper on the study, a review of related literature is extensively done by the researchers.

A. Dangers of Smoking

Tobacco product is defined as any manufactured product made of leaf tobacco that is used for smoking, sucking, chewing, or snuffing (WHO FCTC, 2005). There are three types of tobacco preparation. The first one is the roll of tobacco which is smoked. Cigarette is the best example of this. The second type is pipe like water pipes. The third is the oral preparation which is chewed, held in mouth or placed in nose. Examples are snuff, snus, betel and quid (WHO, 2006). Tobacco contains nicotine and many carcinogens. Hence, it is an addictive plant (WHO, 2006).

Scientific evidences show that the consumption and exposure to tobacco smoke cause these three: (1) Death, (2) Disease, and (3) Disability. Aside from this, it has been found out that there is a time interval between the exposure to smoking and the start of tobacco-related diseases (WHO FCTC, 2005).

Smoking indeed causes pre-mature deaths. Around half of the continuing cigarette smokers, which are approximately 650 million people, who are still alive will sooner or

later die from tobacco-related disease if they still smoke. Right now, the higher burden of tobacco-related diseases and deaths is fast shifting to developing countries (WHO, 2006).

Cigarettes are considered to be among the most deadly and addictive products made by men. If the users will smoke cigarettes according to the intention of the cigarettes manufacturers, cigarette smoking can kill half of its users (WHO, 2006).

On the other hand, it's not only the tobacco consumers who are susceptible to its negative effects. The second-hand tobacco smoke which is also known as passive smoking has exposed millions of people including half of the world's children to the negative effects of tobacco consumption. Evidences link second-hand smoking to the increased risk of cardiovascular diseases, lung cancer and other cancer, asthma and other respiratory diseases, ear infection and sudden infant death syndrome in children. The above mentioned diseases are but a few of second-hand smoking's harmful effects (WHO, 2006).

The tobacco epidemic is rising rapidly hence the regulation of tobacco products is critical. All tobacco products can cause disease and death aside from the fact that they are harmful and addictive (WHO, 2006).

Tobacco consumption has harmful effects to smokers and non-smokers. It is harmful to children causing them to have respiratory problems and other health problems (USDHHS, 2000). Annually, secondhand smoke causes an estimated 3000 lung cancer deaths and 62,000 coronary heart disease deaths in California (NCI, 1999).

All tobacco products are dangerous and addictive. Government effort should be made to discourage the use of tobacco in any forms as well as to raise awareness about its

harmful and deadly effects (WHO, 2006). However, in order to maintain profit, tobacco companies continue to develop new products. These companies cover the tobacco products' harmful effects by portraying tobacco products as attractive and less harmful (WHO, 2006).

Tobacco-related diseases have been widely reviewed. According to WHO (2006):

> It is now also known that tobacco use contributes to cataracts, pneumonia, acute myeloid leukemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer, periodontitis and other diseases. These diseases join the familiar list of tobacco-related diseases, including cancer of the lung, vesicle, esophagus, larynx, mouth and throat; chronic pulmonary disease, emphysema and bronchitis; stroke, heart attacks and other cardiovascular diseases. In fact, we know today that tobacco causes 90% of all lung cancers. Tobacco seriously damages the reproductive system too, contributing to miscarriage, premature delivery, low birth weight, sudden infant death and pediatric diseases, such as attention hyperactivity deficit disorders. Babies born to women who smoke are, on average, 200 grams lighter than babies born to comparable mothers who do not smoke. (p.13)

Nowadays, the prevalence of smoking is commonly very high among adolescents in many countries. It is said that people start smoking with median age of less than 15 years old (GYTS, 2007).

The risk of death from smoking-related diseases increases when people started smoking at younger ages. Young people who start smoking early will be likely to die at

lower age, and they will often find it difficult to quit smoking. It is said that half of them will die from their tobacco consumption (GYTS, 2007).

B. Exposure and Recall to Anti-Smoking Advertisements

According to the study of Terry-Mcelrath (2005), all anti-smoking advertisements were not alike in their characteristics, their thematic content, the level to which they engage youth, or how youth were likely to respond. Advocates attempting to develop increasingly successful anti-smoking campaigns should consider the characteristics of proposed ads. The use of personal testimonials or visceral negative executions or both that include themes of health effects may increase the likelihood that fewer youth would smoke in the future. Message content format and approach must be considered to have a successful anti-smoking campaign. Personal and real life testimonials could be helpful to get the attention of the intended audience. These would serve as evidences of the hazards imposed by smoking and would serve as warning to the public of the smoking dangers.

Siegel (2000) found a significant effect of exposure to television's anti-smoking advertising on progression to establish smoking during a 4-year period that was specific to younger adolescents but found no significant effect of exposure to radio or outdoor advertisements. He also found that youths exposed to antismoking television advertisements were more likely to have an accurate as opposed to an inflated perception of youth smoking prevalence. The effect was significant only to younger adolescents. The study indicated that TV was the most widely used medium for anti-smoking campaigns. Thus youths were most likely to be informed thru watching.

In order to address the challenges brought by the increasing tobacco epidemic, the WHO Framework Convention was made. This aims to reduce the burden of disease and death caused by tobacco (WHO, 2006). Anti-smoking advertisements are encouraged in this framework convention through Article 20 which is about the achievement of product regulation goals by means of research, surveillance and exchange of information (WHO FCTC, 2005).

One of the types of anti-smoking advertisements is the pictorial warning labels. These pictorial warning labels are said to be an important opportunity to communicate the risk of tobacco consumption. The pictorial warning labels are vital since the tobacco companies are using the tobacco packages as a way of promotion. Growing evidence shows that larger, bold and pictorial warning labels have an impact on the awareness of tobacco consumption risks. Many countries introduce stronger labels; evaluation shows that effective warning labels increase knowledge about the smoking risks as well as it can persuade smokers to quit (Hammond, Fong, McNeill, Borland & Cummings, 2006). It's found out that smokers receive more information about smoking risks from the tobacco product package than from any other source except television (Hammond et al, 2006 &Hammond, 2008). Picture warning labels on tobacco products increase knowledge about tobacco consumption risks, reduce adolescents' intentions to smoke, and motivate smokers to quit. These labels counter the tobacco industry advertisements. It was found out that pictorial warning labels had a greater impact than text-only labels (White, Webster & Wakefield, 2008, Hammond, 2008). These pictorial warning labels could be recognized by children and low-literacy audiences. According to a study (Hammond, Fong, Mc Donald, Cameron & Brown, 2003) in Canada, the exposure of smokers to

images printed on packs is at least 20 times a day every time they buy and use cigarettes. This exposure was an opportunity to bring ant-smoking messages at critical stage which was the time of smoking. Thus the use of pictorial images increased the impact of the anti-smoking messages.

On the other hand, the public awareness about the true dangers of smoking is low even in countries with widespread anti-smoking campaigns (Ayanian & Cleary, 1999). Yet the exposure to anti-smoking media messages is rising compared to pro-smoking media messages. The tobacco industry's advertising influence is still asserted. Children and adolescents will continue to be persuaded by the pro-smoking messages in the media if there will be no total ban on advertisements (GYTS, 2007).

Philippines GYTS (2007) found out that among the Filipino youths, there's a significant increase in the prevalence of "current" use of cigarettes, from 10.6% in 2003 to 27.3% in 2007(39.3% change). In addition, there was a significant increase also to second-hand smoke at home, public places, and around peers.

Regarding the exposure of Filipino youths to anti-smoking advertisements there was a decreased percentage of students who had seen anti-smoking media messages. In the Philippines, youths are likely to buy the most heavily advertised brands. They are three times more affected by advertising than the adults (GYTS, 2007).

The youths are exposed to smoking promotion and advertisements where smoking is portrayed as glamorous, social and normative (GYTS, 2007).

In the Philippines, GYTS (2007) found that:

> Almost nine in ten students (87.3%) saw anti-smoking media messages in the past30 days, with girls more likely than boys to have been exposed to. Nine in ten students (87.9%) saw pro-cigarette advertisement on billboards and saw messages in magazines and newspapers during the past 30 days, with the 4th year and 3rd year students significantly higher than the 2nd year students. Over one in ten (12.6%) have an object with a tobacco company logo on it and one in almost one in ten (8.5%) to have offered "free cigarettes", with boys significantly more than girls. (p.5)

Wakefield (2002) conducted a study to determine the characteristics of anti-smoking ads that were more or less likely to be potentially effective in influencing teenage smoking. The study was designed to determine which ad characteristics were associated with higher teen ratings on standard advertising response scales and which advertisement characteristics were associated with higher rates of recall, thinking about the ad and discussion about the ad at follow-up. Ming Ji (2007) study about the effectiveness of anti-smoking media campaigns by recall and rating scores made use of a statistical modeling approach for systematically assessing the effectiveness of anti-smoking media campaigns based on ad recall rates and rating scores. The study found out the effectiveness of advertising messages in a laboratory environment before put them in mass media. These studies proved that recall of those anti-smoking advertisements could verify the effectiveness of the ads. Effective recall was linked with the characteristics of the ads. The youth with a stored memory of the characteristics of the ads most likely recall that advertisement.

In a study done in Canada (Youth Smoking Survey, 1997), it was found out that among Canadian youth, the three most frequently recalled pack warning labels were "Smoking during pregnancy can harm your baby", "Smoking is the major cause of lung cancer," and "Cigarettes can kill you". On the other hand, the least-recalled anti-smoking messages were "Smoking causes strokes" and "Smoking can harm your children". Recall of these anti-smoking messages increased with age and smoking experience.

According to a study (Youth Smoking Survey, 1997), there was a positive relationship between the recall of the anti-smoking messages and the recall of the tobacco-related diseases like lung cancer, heart problems, strokes and cancer. People who saw the anti-smoking messages in the warning labels are more probably to recall the tobacco-related diseases.

The findings of Youth Smoking Survey (1997) showed that Canadian youths were well informed about the health dangers of smoking. Health risks with immediate impact like harm to children and harm during pregnancy could be reinforced. The awareness of health problems and warning labels were based on the study's unprompted recall questions. Over one third of Canadian youth were able to recall without prompting three or more smoking-related diseases. These youths gained knowledge about the long-term effects of smoking when they were still teenagers (Youth Smoking Survey, 1997).

In contrast, according to GYTS (2007), the Filipino youths couldn't recall anti-smoking messages on television or movies however they could recall movies that portray smoking. They could also recall actors and actresses who smoked in their roles. Most smokers could not recall the specific smoking health dangers. (Hammond et al, 2007).

C. Other Sources of Information about Smoking

Parental expectations that their child will avoid smoking have been shown to affect levels of adolescent tobacco use. Among those polled in the *Who's Who* survey (1997) out of the 68% of students who never tried smoking, most (86 %) were told by parents never to smoke. In comparison of those who had smoked, almost one-third said their parents never discussed smoking with them. Indeed, parents play a significant role in influencing their children. Parental guidance is needed to regulate behavior of the youth and to protect them from the hazards of the environment.

Ethnicity also affects the people's attitudes toward smoking. Strong ethnic ties like those in Asians are more likely to favor anti-smoking messages from their family compared to non-Asians (Nicotine Tobacco Research, 1999). This is because the Asian cultures value more their family needs. It is said that the positive messages from a wife, mother, or sister powerfully influence the smoking behavior of the male family members (Health Education Research, 1999). A study (Grace, Maa, Steven, Shiveb, YinTan, Jamil et al, 2005) found out that fathers and brothers had greater social influence on male youth smoking behavior.

On the other hand, the school also affects the youth smoking prevalence (GYTS, 2007). In Canada, three quarters (76%) of their youths reported that their schools had taught them about the health effects of smoking. In Quebec, 64% of their youths reported that they were receiving smoking school-based education (Youth Smoking Survey, 1997).

In the Philippines, according to GYTS (2007), majority of the youth received teachings about the dangers of smoking in their schools but the survey did not include the details of the curriculum and how it was taught. The survey also found out that majority of the youth smokers wanted to stop smoking. However, there were no concrete programs available in schools to help the current youth smokers to stop.

The youths' smoking behavior especially the male ones was influenced by their smoking friends. Smoking was said to be primarily a male behavior. This was evident in Southeast Asian men who were found out to have the highest reporting rates in the U.S (Grace, Maa, Steven, Shiveb, YinTan, Jamil et al,2005).

There are laws made in different countries in order to regulate tobacco consumption and its epidemics. In Australia, a law mandated health warning labels in 1995. Through this law, the smokers became more knowledgeable than the non-smokers when it came to smoking-related disease and tobacco components (Borland, 1997).

The World Health Organization (WHO) Framework Convention on Tobacco Control requires every party involved in it to implement health warnings on all tobacco product packaging (FCTC, 2003).

The Philippines is part of the WHO FCTC. The Republic Act of 9211(RA 9211) or the Tobacco Regulation Act of 2003 has been made but poorly implemented. In 2007, the National Tobacco Prevention Control Program (Administrative Order 2001-004) has been established by the Department of Health (DOH). In 2008, a total ban of tobacco advertising in mass media except point of sale advertisement was implemented (WHO, 2006).

According to the Philippine GYTS (2007), the enforcement made by the Philippine local government officials of the National Tobacco Laws and the WHO-FCTC was “poor”. Despite of the strong national government and NGO’s efforts in advocating full implementation of the anti-smoking laws, there was still lack of political will, monitoring, and reporting guidelines for the offenders of these anti-smoking laws.

Another source of information about smoking is the anti-smoking campaign. Campaigns are created with planned effects to the target people set before-hand by the originator; hence the evaluation process consists of a match between the planned effects and the achieved effects. The campaign is said to be effective if the planned effects are achieved after the implementation of the campaign (McQuail, 1994).

According to a study of Hong Liu (2009) about the effects of anti-smoking media campaign on smoking behavior, those mass media anti-smoking campaigns were promising and costly tool for health promotion. However in his study about California anti-smoking campaigns, he concluded that the said anti-smoking media campaign was a successful tobacco control in reducing smoking prevalence in the short run as well as in the long run. It provided empirical evidence to support the continuous funding of the anti-smoking media campaigns.

D. Perceptions of and Attitudes toward Smoking

Previous studies showed that knowledge of smoking health threats may vary across the smokers’ ethnicity as well as educational level. Higher educational levels were related to higher knowledge on smoking health risks (Ma, Tan, Freely &Thomas, 2002;

Ma, Shive, Tan & Toubbeh, 2002). A study (Grace, Maa, Steven, Shiveb, YinTan, Jamil et al, 2005) found out that among Asian Americans the mean age of smoking was 18.3. Factors such as gender, ethnicity, educational level, marital and employment status and smoking were associated with the Asian Americans' knowledge and attitudes about smoking and second hand smoke.

A study (Brenda, 2008) of nursing students revealed that the smoking behaviors of the nursing students affected their beliefs about smoking. Results showed that the smoking status of students was a perceived barrier in giving cessation intervention. One of the major findings of the study was the significant differences among the beliefs about smoking of the student smokers and student non-smokers. Smokers and occasional smokers reported higher agreement with the smoking positive aspects that it brought pleasures. When it comes to smoking negative aspects, the non-smokers reported more agreement. This was attributed to the non-smokers' motivation not to smoke while the smokers might deny the negative aspects of smoking in choosing to use tobacco products.

Smokers with lower levels of knowledge about the health dangers of smoking is associated with their positive attitudes toward smoking (Shankar, Gutierrez, Mohamed, & Alberg, 2000; Wiecha et al., 1998). For comparison among Asian American subgroups, regardless of smoking status, Koreans were aware that smoking was detrimental to health especially to the lungs (Kim et al., 2000). They had more negative perceptions toward smoking compare to Chinese (Averbanch et al., 2002; Yu et al, 2002).

It was said that beliefs became part of a person's system and these beliefs influenced the person's choices and behaviors. Occasional smokers do not smoke daily,

or if they smoke they smoke just a few. A study (Hammond, 2008) showed that most smokers perceive themselves having lesser risk than other smokers.

Smokers also are less aware of the health risks of secondhand smoke to others. Thus it is important that smokers understand the risks as well as the severity of smoking in order to motivate them to quit smoking (Environics Research Group, 1999).

Attitudes toward smoking are significantly associated with smoking status (Shankar, Gutierre-Mohamed &Alberg, 2000; Marin, Marin, Perez, Stable ,Otero, Sabogal & Sabogal, 1990; Klesges, Somes, Pascale, Klesges, Murphy & Williams, 1988). Particularly current smokers perceived smoking as having positive attributes while the non-smokers perceived smoking as having negative characteristics (Taylor, Ross, Goldsmith, Zanna &Lock, 1998; Shervington, 1994). Moreover, current smokers' perceived susceptibilities of having smoking-related diseases were lesser than the non-smokers and former smokers even though the perceived seriousness of all the groups was almost the same (Klesges,Somes,Pascale,Klesges,Murphy&Williams,1988; Taylor,Ross,Goldsmith,Zanna&Lock,1998; Shervington,1994).

The results of the study on the perceptions of risks among Asian Americans (Ma, Fang, Tan&Feeley, 2003) revealed that the Asian Americans attitudes toward smoking dangers were associated with smoking status. Non-smokers as well as those who quitted smoking had more negative perceptions regarding smoking compared to smokers.

Attitudes toward smoking are associated with socio-demographics, educational levels, and ethnicity. Younger and more educated smokers perceived smoking with

higher personal risks of heart disease or cancers (Shankar, Gutierrez, Mohamed & Alberg, 2000; Ma, Fang, Tan & Feeley,2003).

Asian Americans' knowledge about the health dangers of smoking was found higher among Korean and Chinese American males no matter what their smoking statuses were. They acknowledged the relationship between smoking and chronic diseases like lung cancer and heart disease. At the same time they were aware of the addictive nature of tobacco yet still a number of respondents attached attractive attributes to smoking like it is "relaxing", and "enhances concentration" (Ma, Fang, Tan & Feeley, 2003).

When it comes to age, a study (Moeschberger, Anderson, Kuo, Chen, Wewers & Guthrie, 1997) suggested that smoking behavior was associated with it; older Southeast Asian men who were 44 years of age were almost 10 times more likely to quit smoking than younger men below 24 years old.

E. Smoking among the Youths

Adolescents follow adults' course on substance use. According to Lloyd and Lucas (1998) in their London study, mood control, stress coping, pursuit of pleasure and concerns of the body influenced adolescent smoking behavior. The belief that smoking alleviates stress might initiate experimentation with cigarettes by adolescents. This is supported by Lotecka and Lassleben(1981) in their study about stress. They found that negative distress was the most common reason of adolescents for restarting smoking after a period of abstinence. Adolescents gained pleasure from action involved in smoking:

handling cigarette packs, matches and lighters, lighting up, inhaling and exhaling and blowing the smoke. Smoking symbolized a sense of “being adult” or being able to do as one pleases (Heaven, 1996).

Body image is a highly salient aspect of identity as adolescence is a time of dramatic bodily changes. Adolescent girls are more concerned with thinness and weight than adolescent boys. In Lloyd and Lucas’ study (1998) images of adolescent smokers were generally negative. Only a small number of adolescents described smokers to be physically attractive. Boys described girl smokers as ‘attractive’, ‘sophisticated’, and ‘pretty’. Girls described an adult smoker as someone who ‘looks good’ and ‘almost healthy’. The negative descriptions given by majority of adolescents were: ugly, fat, pimply, greasy hair, yellow teeth and scruffy. Images of the non-smokers, on the other hand, were described to be less colorful and less contradictory. Non-smokers were depicted to be sensible, studious and obedient, and family-and parent-oriented. Non-smokers were viewed more positively than smokers.

Other factors affecting youth smoking are the smoking ads and promotions made by the different tobacco companies. According to Fine (1972), smoking ads and promotions especially the cigarette advertisements had three purposes: first is to convince non-smokers especially the youths that smoking is enjoyable; second is to convince those who are already smoking that it is safe and smart to smoke; and lastly is to convince the smokers to use the right brand of cigarette.

These factors affect the recall of youth. The most common smoking-related health diseases recalled by the youths in Canada were lung cancer and heart disease. While the

least recalled were stroke, bronchitis and asthma. It was said that the youths' recall of these health problems increased with age (Canada Youth Smoking Survey, 1994).

Smoking is also associated with risk and rebellion, sociability and use and construction of time. Cigarette smoking is viewed by some adolescents as an 'arousal jag' (Eysenck and Eysenck, 1975).

A study (Canada Youth Smoking Survey, 1994) also revealed that the current smokers with ages ranging from 15 to 19 years compared to non-smokers were more aware that heart diseases and cancers were caused by smoking. The number of recalled smoking related health diseases increased with smoking experience. However, for those youths aged 10-14 years their smoking status had no relation to the number of smoking-related diseases recalled.

In order to profile the youth smoking, these definitions from a study (Lim, Sumarmi, Amal, Hanjeet Wan, Rozita, Norhamimah, 2009) were used. Smoker is defined as someone who smoked for at least one day in the last 30 days. Former smoker stopped smoking for at least 6 months while non-smoker never smoked. Previous studies showed that smokers tend to downplay the negative health effects of smoking (Mcmaster&Lee, 1991; Parerri-Wattel, 2006). This was attributed to the smokers' ignorance of the dangers of smoking. The cognitive dissonance of the smokers could also be one factor, in which the smokers may know that smoking is harmful to health yet they downplay it in order to be compatible with their smoking habit. Another study (Taylor et al, 1998) revealed that heavy smokers have positive attitudes towards smoking compared to former smokers and non-smokers.

Cigarette smoking is considered as one of the “problem behaviors”. Other activities include drinking alcohol, taking drugs, early sexual intercourse, as well as various forms of delinquency (Lloyd and Lucas, 1998). According to Gliksman and his colleagues, adult patterns of cigarette smoking become well established by age 15. This fact is very alarming as cigarette smoking can cause cardiovascular disease and lung cancer (Hill, et al 1990).

In India, there was a more rapid increase of youth smokers among the sixth grade boys compared to the eighth-grade boys (WHO, 2006). In the Philippines (GYTS, 2007), over one in ten of non-smokers youth said that they were likely to start smoking next year. This likelihood to smoke is higher among boys than girls.

Focusing on the smoking of youths in the Philippines, the study made in the country (GYTS, 2007) showed that:

> 3 in ten of students aged 12-17 years currently use some form of tobacco, 21.7% currently smoke cigarettes; 9.7% currently use tobacco other than cigarette; 67% were exposed to Environmental Tobacco Smoke in places other than home. Almost seven in ten (68.8%) also think that exposure to smoke is harmful to them. Majority of the students (56.7%) have admitted one or more parents smoke in their presence, 9 in 10 students think smoking should be banned in public places; 7 in 10 students think smoke from others is harmful to them; 9 in 10 smokers want to stop; 9 in 10 students saw anti-smoking media messages in the past 30 days; 9 in 10 students saw pro-cigarette ads in the past 30 days. (p.4)

This survey was made in order to monitor and assess the smoking prevalence, knowledge, attitudes, and behaviors among school-based youths. Indicators used in the survey were prevalence of tobacco use, access to tobacco products, exposure to environmental tobacco smoke, exposure to media messages and school lessons, and smoking beliefs and attitudes (GYTS, 2007)

F. Synthesis

Smoking was a serious health topic that had been widely studied because of its effect in health and environment. The World Health Organization or WHO conducted studies on tobacco products, preparation and chemicals it contained (WHO, 2005 and 2006). Cigarettes could kill half of its users making it one of the most deadly and addictive products made by men (WHO, 2006). Smoking-related diseases that eventually led to death were widely reviewed (WHO, 2006). Tobacco epidemic was rising rapidly and the increasing consumption of tobacco products would result to addiction (WHO, 2006). Adolescent smoking was prevalent nowadays and smokers start to smoke even in younger age (Philippine GYTS, 2007).Facts about smoking called on the government to make possible actions for the regulation of smoking (WHO, 2006).

Anti-smoking advertisements success would lie with the executional characteristics and the medium used (Mcelrath, 2005; Siegel, 2000). Anti-smoking advertisements are encouraged within the WHO Framework Convention on Tobacco Control to reduce the burden of disease and death of smoking (WHO, 2006).

Anti-smoking advertisements in the form of picture warning labels were efficient means to increase public awareness about the dangers of smoking (Hammond, Fong, McNeill, Borland & Cummings, 2006; Hammond et al, 2006 & Hammond, 2008 ; White, Webster & Wakefield, 2008; Hammong, Fong, McDonald, Cameron & Brown, 2003). However in the Philippines, Filipino adolescents were more exposed with pro-smoking advertisements increasing the prevalence of smoking in the youth sector (GYTS, 2007). There was a decreased in percentage of Filipino youth who were exposed with anti-smoking messages (GYTS, 2007).

Recall and rating scores were used to measure the effectiveness of anti-smoking advertisements (Wakefield, 2002; Ji, 2007). This was to determine what characteristics of the ads were most likely to be remembered by the audience who had seen it. Anti-smoking messages that were imprinted in pack warning labels were the ones that were easily recalled (Canadian Youth Smoking Survey, 1997).

The Canadian youth showed significant results in recalling messages in anti-smoking advertisements (Canadian Youth Smoking Survey, 1997). Unlike in the Philippines, Filipino youth could only recall actors and actresses that portray smoking and not the exact messages anti-smoking advertisements convey (GYTS, 2007).

Other sources of information varied on how smoking was taught and how people were influenced by information they gained. Strong family ties could influence one's smoking behavior (Nicotine Tobacco Research, 1999; Health Education Research, 1999; Grace, Maa, Steven, Shiveb, YinTan, Jamil et al, 2005). The school also contributed with the education of youth about smoking (Canadian Youth Smoking Survey, 1999 ;

Philippine GYTS, 2007). Friends were more influential for males regarding smoking behavior as this was evident in Southeast Asian men (Grace, Maa, Steven, Shiveb, YinTan, Jamil et al, 2005). Smoking laws were implemented to regulate smoking in different countries (Borland, 1997; WHO FCTC, 2003; WHO, 2006; Philippine GYTS, 2007). But these smoking laws differed with the strictness of enforcement. Anti-smoking campaigns also helped in information dissemination about smoking (Liu, 2009).

Smoking in adolescence could be associated with stress, risk and rebellion and body image (Lloyd and Lucas, 1998; Lotecka and Lassleben, 1981; Eysenck and Eysenck, 1975). Smoking also gave a sense of adulthood (Heaven, 1996). Smoking advertisements, on the other hand, could affect smokers by convincing them of the pleasure smoking could give (Fine, 1972).

Education about smoking was related with the higher educational level a person had attained (Ma, Tan, Freely &Thomas, 2002; Ma, Shive, Tan & Toubbeh, 2002; Grace, Maa, Steven, Shiveb, YinTan, Jamil et al, 2005). Age also linked with the amount of knowledge about smoking (Canadian Youth Smoking Survey, 1994).

Perceptions about smoking differed between the smokers and nonsmokers (Brenda, 2008 ; Taylor, Ross, Goldsmith, Zanna &Lock, 1998; Shervington, 1994 ; Klesges,Somes,Pascale,Klesges,Murphy&Williams,1988). There were also different beliefs and amount of knowledge regarding smoking behavior between smokers (Hammond, 2008 ; Environics Research Group, 1999). Meanwhile attitude was associated with socio-demographics, educational level and ethinicity (Shankar, Gutierrez, Mohamed & Alberg, 2000;Ma, Fang, Tan & Feeley,2003 ; Moeschberger, Anderson,

Kuo, Chen, Wewers & Guthrie, 1997) suggested that smoking behavior was associated with it; older Southeast).

CHAPTER III. STUDY FRAMEWORK

In order to describe the extent of exposure and recall of the NCR male high school students to anti-smoking advertisements as well as to explain the effects of their exposure to these advertisements to their smoking behavior, the Health Belief Model (HBM), Mere Exposure Theory, Availability Heuristics Principle are used.

A. Theoretical Framework

The HBM which is one of the most widely used model in health behavior has been said to be good predictors for smokers, ex-smokers, and non-smokers' smoking behavior (Li & Kay, 2009). While the Mere Exposure Theory states the effects of exposure to something on the people's preferences, the Availability Heuristics probes on the relationship between recall and the judgment that people make.

1. Health Belief Model

The Health Belief Model (HBM), developed by social psychologist Irwin M. Rosenstock, is a psychological model that focuses on the individuals' beliefs and attitudes in order to explain and predict their health behaviors. It was because of a failed tuberculosis (TB) health screening program in the 1950s that HBM was developed. Since then, HBM has been widely used in health communication (Rosenstock, 1974).

The HBM is defined through its four main constructs that serve as factors for behavior change. The first one is *perceived susceptibility* or the individuals' opinion of chances that he/she might acquire a certain condition. The second one is *perceived*

severity; this is the individuals' view of the extent of seriousness of a condition as well as its consequences. The third construct is *perceived benefits;* this is the individuals' belief that the recommended health action can reduce the seriousness of the consequences of a condition. The fourth one is the *Perceived Barriers* or the individuals' belief of the costs of doing the recommended health action. The other constructs that are added are: the *Cues to Action*, these are the strategies to activate the individuals' readiness to do the recommended action and *Self-Efficacy*, or the confidence of the individual in his/her ability to do the recommended health action (Glanz et al, 2002).

On the other hand *Perceived Threat* is said to be the combination of perceived susceptibility and perceived severity. If the perceived threat of the disease has serious risk to health, behavior change happens (Stretcher&Rosentock, 1997). HBM also states that the modifying factors such as demographic, socio-psychological and structural variables are important in order to change behavior (Corcoran, 2007).

The core assumptions of HBM are that an individual will take a health-related action if he/she expects that negative health conditions will be avoided by taking the recommended health action; feels that a negative health condition can be avoided; believes that he/she can successfully take a health recommended action. (Rosenstock, 1974)

2. Mere Exposure Theory

The Mere Exposure Theory states that the more exposure we have to a certain stimulus, the more we will tend to like it. It asserts that people develop preference to the

things or persons that are familiar to them. Thus familiarity is increased by repeated exposure (Zajonc, 1968).

Aside from this, the mere exposure theory also states that the more often people see a certain information, the better you can process it. Prior exposure also increases the fluency in processing judgment during a decision making. This supports that human beings prefer easy processing rather than difficult cognitive processing that's why they stick with familiar things. Hence this explains their positive feelings towards certain things or people like brand and advertisement (Izard, Kagan,&Zajonc,1984) .

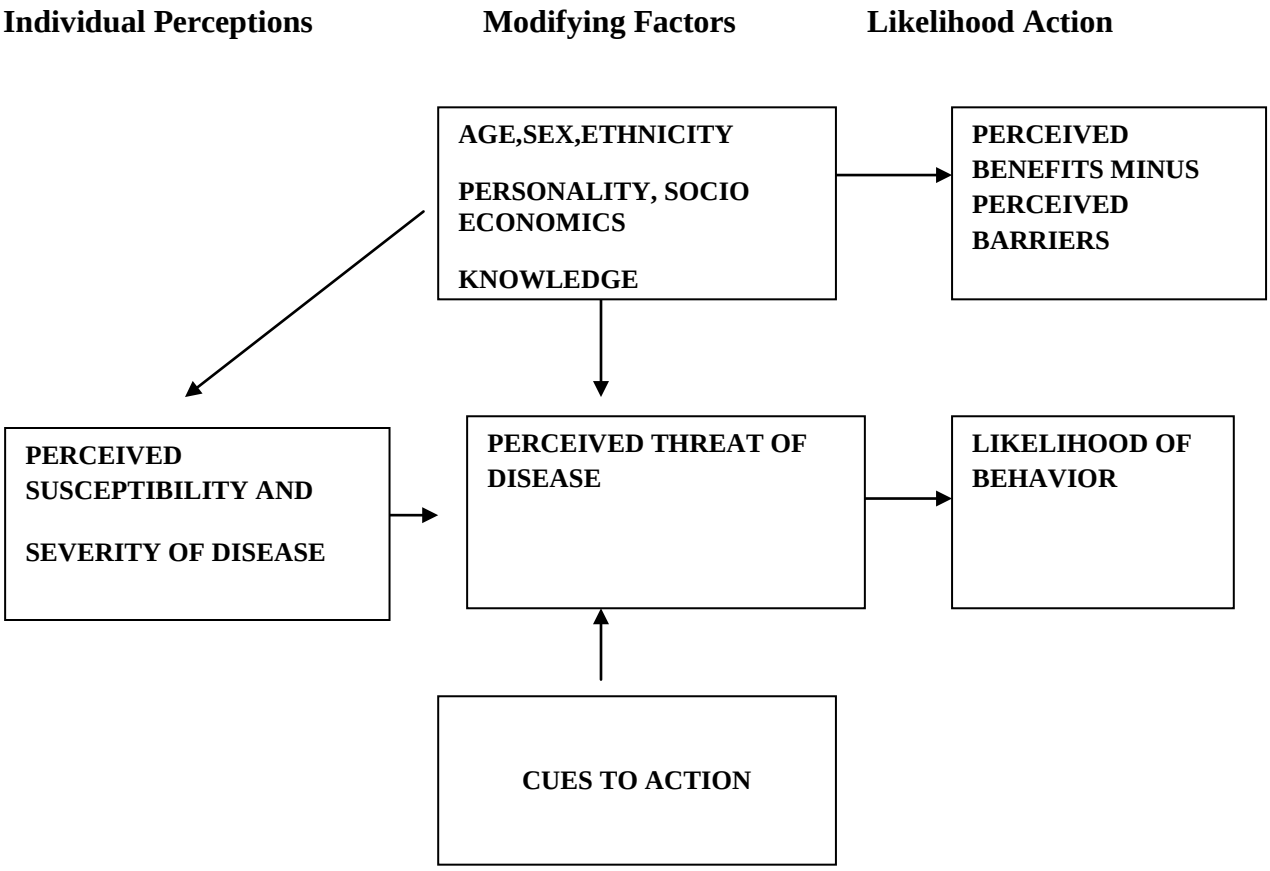
3. Availability Heuristics Principle

Availability Heuristic Principle is a phenomenon that refers to "the tendency to judge the frequency or likelihood of an event by the ease with which relevant instances come to mind" (Baumeister& Bushman, 2008). Tversky and Kahneman (1973) proposed that people use an availability heuristic to judge frequency and the probability of events. With the availability heuristic, people would judge the probability of events by the ease in which instances could be brought to mind. Using the availability heuristic, people would judge the likelihood of occurrence of an event if they could think of more examples of that event.

Figure 1 shows the HBM theoretical model, for the individual perceptions the box of perceived susceptibility and seriousness of the disease is affected by the box of modifying factors like age, sex, ethnicity etc. These modifying factors also affect the perceived benefits and barriers in doing the recommended action. The perceived threat is affected by the cues to action, modifying factors, and perceived susceptibility and

seriousness of the disease. Finally, the perceived threat of the disease affects the likelihood of doing the recommended action.

Figure 1. *Theoretical Model of The Health Belief Model*

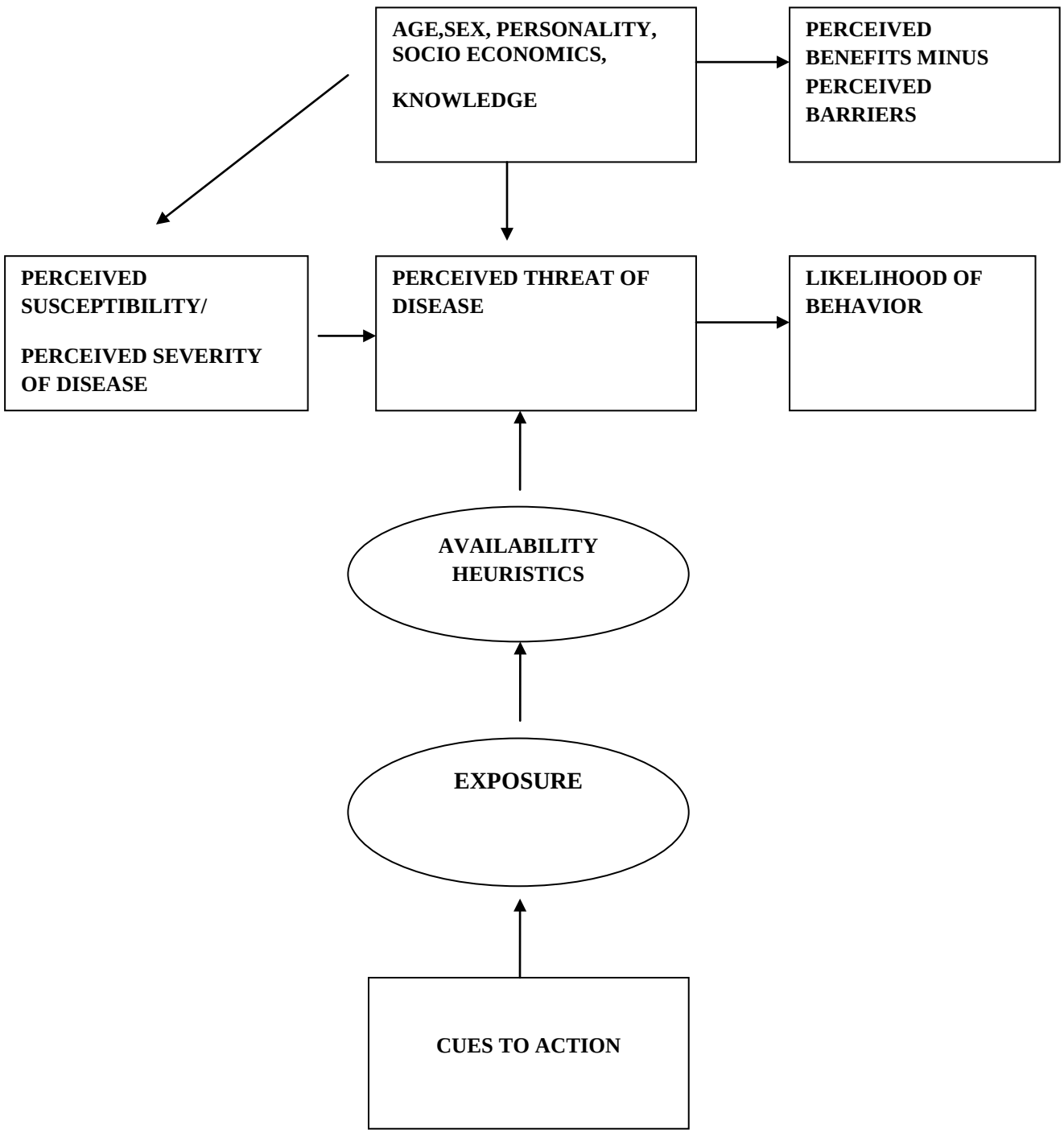


Source: Stretcher,V.&Rosentockj, I.M.(1997).The Health Belief Model.InK.Glanz,F.M.Lewis,&B.KRimer (Eds).*Health Behavior and Health Education:Theory,Research and Practice (2nd ed).*San Francisco:Jossey Bass.

Figure 2 shows the integrated theoretical model of this study. The relationships between the boxes are similar to figure 1; it's just that the availability heuristics and

exposure to the cues to actions are inserted between cues to action and perceived threat in order to magnify the effects of exposure and recall.

Figure 2. *Integrated Theoretical Model*



B. Conceptual Framework

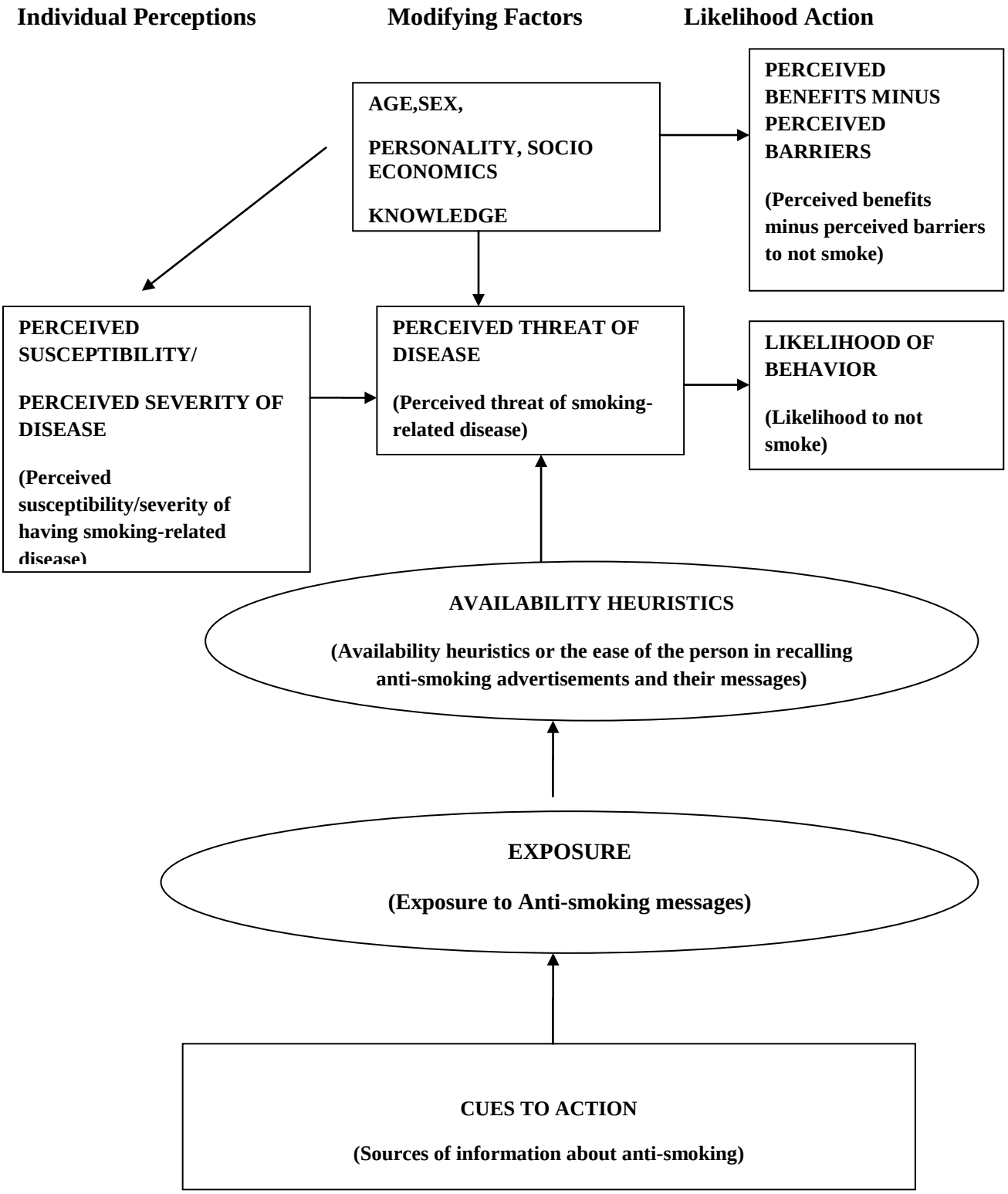
The study focuses on Anti-Smoking advertisements and how exposure and recall of these advertisements affect the NCR male high school students' knowledge, perceptions, and attitudes toward smoking. Exposure and recall of anti-smoking advertisements are the main entities that this study will concentrate on. The availability heuristic principle focuses on the ease of recall of student to anti-smoking messages and their sources while the mere exposure theory in this study dwells into the students' exposure to anti-smoking messages.

Using the HBM Model, the cues to action are the male high school students' sources of information about anti-smoking. Their exposure to anti-smoking messages will affect their ability to recall what these messages are and where they come from. Their ability to recall is defined to be the availability heuristics or the information readily available in the mind. The study focuses on the top-of-the mind memory of the students or which information they can easily recall.

Modifying factors such as age, sex, personality, socio-economic and knowledge affect the perception on susceptibility and severity of smoking-related diseases and the perception of benefits against the barriers .The perceived susceptibility and severity of having smoking-related diseases influence the perception on the threat of these smoking-related diseases. It, therefore, affects the likelihood of action which is not smoking.

Figure 3 shows the integrated conceptual model of this study which demonstrates the relationships discussed in this conceptual framework.

Figure 3. *Integrated Conceptual Model*



C. Operational Framework

The study aims to determine the effects of the extent of exposure to anti-smoking advertisements and the recall of NCR male high school students to their perceptions of and attitudes toward smoking. The operational framework specifies how to measure the variables in the study.

The first objective of the study is to determine the socio-demographic factors of NCR male high school students. In order to do this, the age, sex, city, school, year level, family income as well as the smoking history of the students were asked through a survey. The HBM model states these variables as the modifying factors in a person's perceptions and attitudes.

Other modifying factors that can influence the NCR male high school students' perceptions of and attitudes toward smoking are their sources of information and cues to action about anti-smoking. Knowing these variables answers the second objective of the study. These may include the NCR male high school students' school, family, peer, church etc. The anti-smoking advertisements which are the focus of this study are also part of the cues to action.

Now since the study focuses on the anti-smoking advertisements, the anti-smoking advertisements which the students were exposed to were determined; this answers the third objective of the study. They were asked if they already saw, heard or read any anti-smoking advertisements in the radios, televisions, magazines/newspapers, internet and posters. In order to operationalize the students' recall of anti-smoking advertisements, they were asked to tell and describe the messages they remembered from

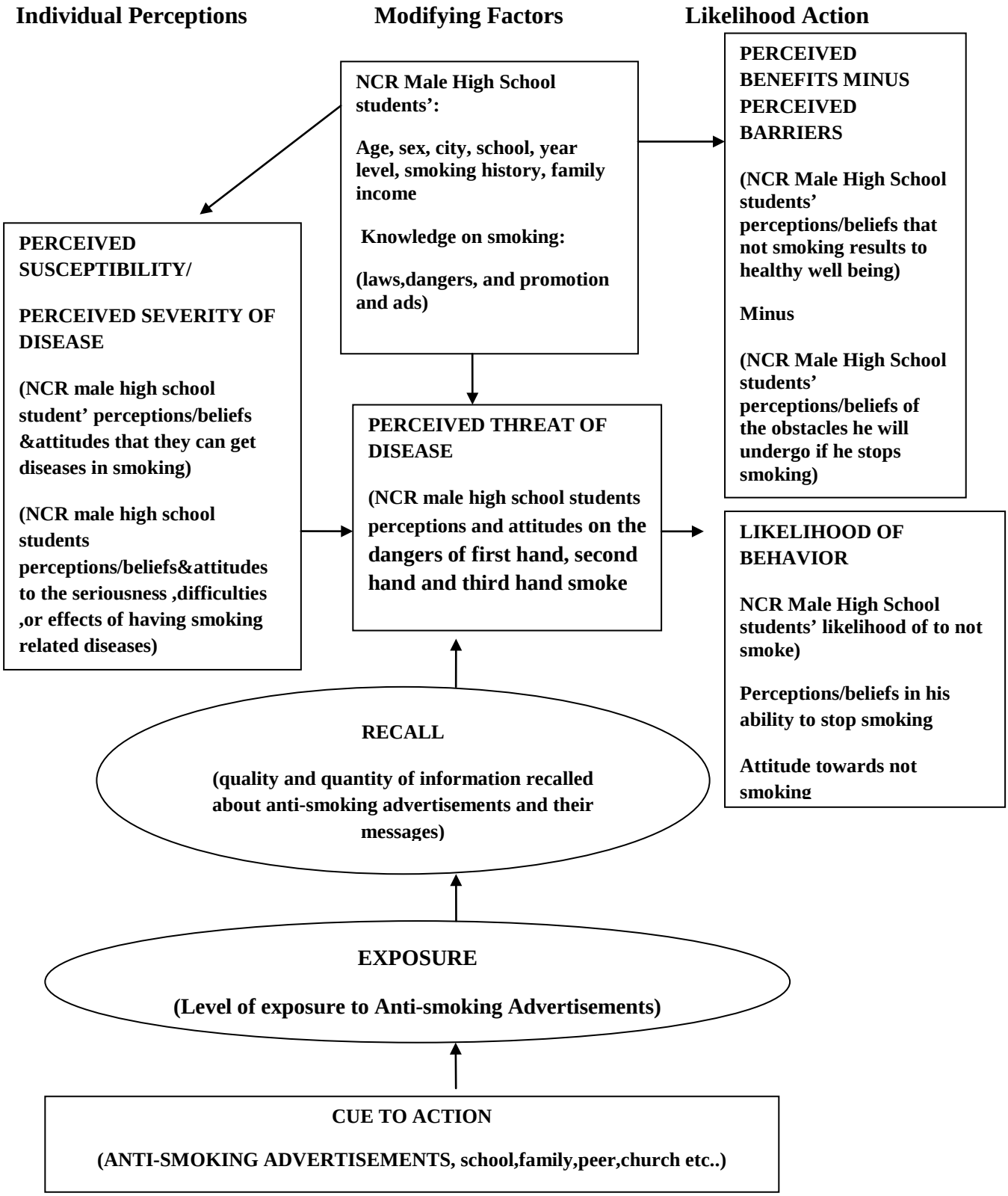
the anti-smoking advertisements that they saw, read or heard. The variable recall was measured by the quality and quantity of constructs that the students gave. The student has a high level of recall if they have given many messages with quality, otherwise the recall is low. High recall constitutes to their ease of remembering the anti-smoking ads and their messages which can be more likely used by the students for developing their perceptions of and attitudes toward smoking as what stated in the Availability Heuristics (Baumeister& Bushman, 2008). On the other hand, the variable exposure was measured by the frequency and recency of their exposure to anti-smoking advertisements. Exposure is high if the frequency is high (ranging from daily exposure to weekly exposure) and the recency of exposure is within 30 days, otherwise the exposure is low. By Mere Exposure Theory, high level of exposure results to a person's likelihood of the thing that he/she is exposed to (Zajonc, 1968).Hence we can hypothesize that the student's high exposure to these anti-smoking ads will result to their likelihood of the ads' messages. Determining the extent of exposure to anti-smoking advertisements and the recall of the NCR male high school students is the fourth objective of this study.

The next variables to be operationalized are the NCR male high school students' knowledge, perceptions, and attitudes towards smoking which address the fifth objective of the study. The knowledge is measured as high level or low level of knowledge. The knowledge level is high if the students know smoking laws, dangers, ads and promotions and cessations; otherwise the knowledge is low. Perceptions are operationalized by the students' view of the possibilities that are related to smoking that might happen to him like their perceived susceptibility /severity/ threats of having smoking-related disease as well as perceived barriers and benefits of not smoking. Their perceptions of the

possibilities can be high or low, high if they think it will most likely happen to them or low if it will most likely not happen to them. The attitude towards smoking was measured as positive, negative, or neutral. Positive means favoring smoking while negative is being against it. Lastly, the likelihood of not smoking is the perceptions/beliefs of the student in his ability to stop smoking.

Figure 4 shows the integrated theoretical model for this study. The left most box is the NCR male high school students' perceptions of how susceptible they are from getting smoking-related diseases and they perceptions of how severe it will be for them if they will acquire such disease. The modifying factors (top-middle box) of NCR male high school students like age, sex, year etc affect their perceived susceptibility and severity of smoking-related diseases as well as the perceived benefits and barriers of not smoking(top-right most box). These perceptions of susceptibility and severity as well as the modifying factors affect their perceived threat of smoking-related disease (middle box) which is the dangers of first hand, second hand, and third hand smoking. The perceived threat of smoking-related diseases is also affected by anti-smoking advertisements which are the focus of this study as well as other cues to not smoking (bottom box) like school, family, peer, and church. The two oval shapes in the figure are the recall and exposure of the NCR male high school students to anti-smoking advertisements which affect their perceived threat of smoking-related diseases. This perceived threat then affects the likelihood (left-most box) of the NCR male high school students to not smoke.

Figure 4. *Integrated Operational Model*



D. Operational Definition of Terms

1. *Student*-term to address the NCR male-high school students for the purpose of this study

2. *Anti-smoking advertisements*-these are advertisements that promote 'no-smoking' to people

3. *Threats/Dangers of smoking*-negative consequences of smoking to people

4. *Perceived susceptibility of having smoking-related diseases*-the belief of a person on the extent of chance that he will acquire smoking-related diseased

5. *Smoking-related diseases*-diseases caused by smoking such as cancers, heart attack etc

6. *Exposure to anti-smoking advertisements*-frequency and recency of time that the student is exposed to anti-smoking campaigns

7. *Recall of anti-smoking advertisements*-quality and quantity of information recalled about anti-smoking advertisements and their messages.

8. *First-hand smoke*-smoke inhaled by the smoker

9. *Second-hand smoke*-smoke inhaled by the person near a smoker

10. *Third-hand smoke*-smoke chemicals that remained after a cigarette/tobacco is extinguished

11. *Perceived benefits of not smoking*-knowledge on the benefits of not smoking

12. *Smoking ads and promotions*-any strategies or activities made/sponsored by the tobacco companies in order to sell/promote smoking

13. *Smoking history*-a person's life that relates to smoking like age he started smoking or haven't smoke at all, times he tries quitting,etc..

E. Hypothesis

According to the Mere Exposure Theory (Zajonc, 1968), the more you are exposed to a particular thing, the more you become familiar with it and there will be a tendency that you will like it. The exposure to anti-smoking advertisements can develop familiarity and likelihood which can necessarily affect the perceptions and attitudes of its audience. Perceptions and attitudes are based on one's own experience. Smokers and nonsmokers have significant differences in their beliefs about smoking. The other sources of information consisting mainly of significant others can also influence a person's perception and attitude. With this a hypothesis is proposed for the study's sixth objective which is determine if their perceptions and attitudes towards smoking vary according to their extent of exposure to anti-smoking advertisements and extent of exposure to other sources of information about smoking. Thus the proposed hypothesis for this objective is:

> H1: There is a significant relationship between the NCR male high school students' perceptions and attitudes toward smoking and their extent of exposure to anti-smoking advertisements and to other sources of information about smoking.

Advertisements are best recalled according to their characteristics and specific features. Advertisements can get more attention if they have attractive qualities. A person most likely remembers an ad based on the things associated with it. According to Availability Heuristics Principle (Baumeister& Bushman, 2008), people retrieve memories easily if they will choose those data which are readily available to them. The ability to recall an ad can be a basis for the effectiveness of that ad. Perceptions and attitudes are still influenced by the person's belief to a certain thing. It is less to be influenced by other factors.

Based on this assumption the second hypothesis is proposed for the seventh objective of this study which is to determine if there is a significant relationship between the messages they recall from anti-smoking advertisements and their perceptions and attitudes about smoking. Hence the proposed hypothesis is:

> H2: There is a association between the messages and strategies NCR male high school students recall from the anti-smoking advertisements and their perception and attitude towards smoking.

Having laid all the necessary theories and hypotheses for the framework of this study, the next chapter which is the methodology part explains the data gathering and analysis processes that the researchers have done for the purpose of this study.

CHAPTER IV. METHODOLOGY

A. Research Design and Methods

The study both employed quantitative and qualitative approaches in obtaining data from the effects of exposure to anti-smoking advertisements and recall of NCR male high school students to their perception and attitude towards smoking. This was a cross-sectional study of male high school students.

The study made use of a 5 page survey questionnaire consisting of 55 items. This was done to attain data from students even they had classes during the data gathering period. For the qualitative part, the researchers conducted two focus group discussions divided to smokers and nonsmokers. The FGDs were done in two separate schools and the participants were chosen according to their willingness and availability to participate. FGDs were conducted to get first hand data from actual smokers and the nonsmokers.

B. Variables and Measures/ Concepts and Indicators

For the first objective of the study, the socio-demographic factors were determined by the variables: age, sex, city, school, year level, smoking history, and family income. The next variables which answered the second and third objectives were the sources of information/cues to actions of the NCR male high school students about smoking. These included the anti-smoking advertisements, school, family, peer, and church which the students were exposed to.

Exposure and recall were the variables measured to address the fourth objective of this study. The variable ‘exposure’ was measured by means of the frequency and recency of anti-smoking advertisements the students saw and heard. The variable ‘recall’ was

measured through the quantity and quality of information the students recalled about the anti-smoking advertisements and their messages.

Three variables were measured to answer the fifth objective. These were the knowledge, perceptions, and attitudes of NCR male high school students towards smoking. Knowledge was measured through the students' awareness on smoking laws, dangers, ads and promotions, and cessation. Perception was measured by the view of the student on the possibilities of some situations that might happen to him because of smoking; these views of the possibilities could be high or low which in turn could reflect if they had positive, negative or neutral perceptions about smoking. Attitude was measured by the students' position about smoking; positive, negative or neutral. Positive attitude implied that the student favored smoking while negative was being against it.

The survey was employed to gather descriptive data on the students' perception of smoking. However in order to delve deeper on these gathered data, the FGD was conducted. The indicators for the perception were the students' perceived susceptibility, severity, and threats of smoking related disease as well as the perceived benefits and barriers of not smoking.

C. Research Instruments

Two research instruments were used in this study; the survey instrument and the Focus Group Discussion (FGD) guide. Reinard (1994) defined survey as "the process of looking at something in its entirety in quantitative research, a survey is an empirical study that uses questionnaires or interviews to discover descriptive characteristics of phenomena" (p. 168). The survey instrument for this study has six parts. The first part

was the socio-demographic profile. The second part was about the smoking history of the NCR male high school students. The third part measured the students' knowledge about the smoking ads and promotions, laws, and dangers. The fourth part of the survey instrument dealt with the students' exposure and recall of anti-smoking advertisements. The fifth part was about the other sources of information and cues to action about smoking of the NCR male high school students. Finally, the sixth part of the survey questionnaire measured the students' perceptions of and attitudes towards smoking. The survey was adapted from the 2007 Philippine GYTS (Global Youth Tobacco Survey), 2007 Australian National Youth Tobacco Campaign Evaluation and WHO tobacco survey.

The FGD guide included the students' recall of anti-smoking advertisements, perceived susceptibility, severity, and threats of smoking related disease as well as the perceived benefits and barriers of not smoking.

D. Units of Analysis and Sampling

According to the 2007 Global Youth Tobacco survey, four million Filipino youths aged 13-15 are smoking in the Philippines. Among these youth smokers, 2.8 million are boys and 1.2 million are girls. Survey results showed that boys were the most likely to start smoking at the early age of 13-15 years old; this age range were mostly in the secondary schools. Hence, this study focused on the male high-school students. In order to give contribution to the MMDA's vision of a smoke-free Manila, NCR male high school students were chosen.

The researchers decided to acquire 400 respondents based on +/- 5% with 95 % confidence interval. The sample size for the study was statistically determined based on the population of the NCR male high school students. Statistically, the sample size needed is only 384, but in order to give reservations for possible spoiled instruments the researchers settled to have 400 respondents as sample size. In order to come out to this number of accomplished survey questionnaires, five probability sampling stages were employed. These were:

Stage 1: Simple random sampling through fishbowl method in selecting five cities to limit sample size Mandaluyong, Manila, Malabon, Paranaque, and Pateros/Taguig

Stage 2: Stratified random sampling in selecting one public and one private school per city

NCR City	Public School	Private School
Mandaluyong	Bonifacio Javier National High School	Good Shepherd Christian School
Manila	Antonio Maceda Integrated School	San Rafael Parochial School
Malabon	Malabon National High School	St. Therese the Child Jesus Academy
Paranaque	Dr. Arcadio Santos National High School	Arandia Academy
Pateros/Taguig	Ricardo G. Papa Sr. Memorial High School	Colegio de Sta. Ana

Stage 3: Stratified random sampling in terms of year level

(40 respondents per school where 10 respondents per year level)

Stage 4: Systematic random sampling in choosing the section per year level

The first section/room per year level that the researcher passed by was chosen.

Stage 5: Systematic random sampling in choosing the student respondent

Inside the room, the nth male student was chosen as the survey respondent where n was computed by dividing the required number of respondents per year level (which is 10) from the total number of male students per room.

E. Data Gathering/Generation and Construction

Before the actual data gathering, the researchers conducted two pretests in a school not selected for the study. This was for the finalization of the research instrument. The results of the first pre-test showed that the question numbers 46 and 47 which were about the perceived benefits and barriers of not smoking were somehow vague for the students. So the researchers edited those questions and made another set of pre-test to the same school. The second pre-test results showed the validity and reliability of the said questions.

In order to have access to the chosen NCR secondary schools, the researchers secured a permit from the office of the Department of Education (DepEd) NCR Regional Director Rizalino Jose T. Rosales. The researchers decided to have division of labor during the data gathering process in order to finish conducting survey for 400

respondents in a span of three weeks of (late February and early March 2012). The first researcher was assigned to the cities of Taguig/Pateros and Paranaque, while the other researcher went to Manila and Mandaluyong. Both researchers went to Malabon. There were schools like the schools in Taguig/Pateros and Paranaque who still asked for their city division permit aside from the regional permit that was issued to the researchers thus the researcher assigned to those cities still went to the division's office of Taguig/Pateros and Paranaque.

In schools, the researchers asked permission from the principals to conduct survey in their school then the principals would assign someone especially the guidance counselors in their schools to accompany the researchers in the whole duration of the survey. For the qualitative method, the researchers did two FGDs: one was the FGD for non-smoker students and the other was the FGD for the smoker students. The researchers chose 10 male high school students for each group who were available and willing to participate. The FGD for non-smoker students was made in the library of Colegio De Sta. Ana in Taguig while the FGD for smoker student was made in the corridor of Malabon National High School.

F. Data Analysis

The data obtained from the survey were organized using SPSS program. The researchers used Pearson-r test to determine the correlation of extent of exposure to anti-smoking advertisement and other sources of information about smoking to the perception and attitude of NCR male high school students towards smoking. The Pearson-r test was used to find a significant relationship between recall and the perception and attitude

towards smoking. Because the study is descriptive in nature, the researchers made tables to show frequencies and relationship of variables for analysis and interpretation.

The data generated from the FGD were organized through open coding. The codes and the indicators used were based on the framework of the study which resulted to typologies of perceptions of smoking. Similarities and differences between the answers of the smoker group and the non-smoker group were interpreted to obtain data from their exposure and recall of anti-smoking advertisements and how these affected their perception and attitude toward smoking.

G. Scope and Limitations

As stated in the general objective, the study focused on the effects of exposure to anti-smoking advertisements and the recall of NCR male high school students' perceptions of and attitudes towards smoking. The study only included male respondents as the majority of the smokers were males according to the 2007 Philippine GYTS. The schools were all in urban areas and were categorized as public and private. The study did not include students from rural areas.

The survey was the main tool for gathering data. The structure of the questionnaire was designed to cover the variables within the objectives of the study. The focus group discussions included participants from the school where the survey was also conducted. This was for the comfort of finding readily available students.

The researchers found it difficult to select rooms without the school's prerogative and the availability of the students. There were instances that the school head was

choosing the room where the survey would be conducted. Some schools selected students from each year level and assigned a room (mostly the library) where they could answer the survey. There were chances where the chosen room was not available because they had test, film showing and room activity. The originally planned systematic sampling was not always followed.

The study is descriptive and correlational in nature so the researchers aimed to describe the extent of exposure and recall of NCR male high school students and their effects to the perception and attitude towards smoking and to find the relationships between each variable. The researchers only described the relationship of exposure and recall of anti-smoking advertisement to the perception and attitude towards smoking. The study did not focus on the possibility of behavior change of the respondents.

Finally since this is a descriptive and correlational research, part of the limitation of this study is that correlation does not equal causation. Thus the results of this study only showed the observed correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes towards smoking.

CHAPTER V. RESULTS AND DISCUSSIONS

A. Results

1. Survey Results

The study employed a self-administered questionnaire based on 2007 Philippine GYTS (Global Youth Tobacco Survey), 2007 Australian National Youth Tobacco Campaign Evaluation and WHO tobacco survey to determine the effects of exposure to antismoking advertisements of NCR male high school students and recall to their perceptions and attitudes toward smoking. This chapter presented tables of the socio-demographic factors, smoking prevalence, knowledge and Health Belief Model (HBM) constructs including perceived susceptibility, perceived seriousness, perceived benefits, perceived barriers, cues to action, and self-efficacy. In addition, the chapter also presented the results from statistical analyses and the focus group discussions.

a. Socio-demographic Factors

400 respondents comprising of male high school students from National Capital Region (NCR) completed the survey questionnaire. Table 1 shows the age of the respondents in the study.

Table 1. *Age* (N=400)

		Frequency	Valid Percent
Valid	10	1	.2
	12	15	3.8
	13	84	21.0
	14	103	25.8
	15	95	23.8
	16	74	18.5
	17	18	4.5
	18	6	1.5
	19	1	.2
	21	1	.2
	23	2	.5
	Total	400	100.0

As seen in the table above, there were 25.8% of the respondents were 14 year olds. Because they were high school students it was expected that the age range was 13-16 years old. Surprisingly there was a 10 year old who answered the survey. There were one 19 year old, one 20 year old and two 23 year olds. This seems confusing because they were in the age not suitable to the high school level. This implied that there were students who were old enough to be in high school or the students might not want to reveal their true age.

In Table 2, the respondents' family income was recorded. Of the 400 respondents, 52.5% were not sure how much their families' monthly income. This might be of confidentiality or they simply did not know. Of those who answered, 24.4% of the respondents had a family income of 20000 and below. The rest of the respondents had a

family income of more than 20000 implying that they belong to middle-upper class families.

Table 2. *Monthly Income of the Respondents' Families* (N=400)

		Frequency	Valid Percent
Valid	9,999 at pababa	45	11.2
	10,000-19,999	53	13.2
	20,000-29,999	31	7.8
	30,000-39,999	13	3.2
	40,000-49,999	11	2.8
	50,000 at pataas	37	9.2
	Hindi ko sigurado	210	52.5
	Total	400	100.0

b. Smoking Prevalence

To determine the smoking prevalence among these youth, the respondents were asked when they started to smoke. To avoid biases, the questionnaire provided choices which both smokers and nonsmokers could choose from. The result was there were 273 or 68.2% respondents who had not ever tried to smoke in their lives. This means majority of the respondents were nonsmokers. Table 3 shows the age of the respondents when they started to smoke and the number of nonsmokers.

Table 3. *Age They Started to Smoke* (N=400)

		Frequency	Valid Percent
Valid	Hindi pa ako nanigarilyo kailanman	273	68.2
	7 taong gulang pababa	6	1.5
	8 o 9 taong gulang	7	1.8
	10 o 11 taong gulang	15	3.8
	12 o 13 taong gulang	45	11.2
	14 o 15 taong gulang	34	8.5
	16 taong gulang pataas	19	4.8
	999	1	.2
	Total	400	100.0

The data presented in Table 3 showed that majority of students who admitted to be smokers had started to smoke when they were in late elementary to early high school (probably a freshman). 11.2% of the respondents started to smoke when they were 12-13 years old. 4.8%respondents started to smoke when they were 16 so probably during their junior to senior years in high school. The most striking result was 3.3% respondents who admitted to smoke below 10 years old. This might be a small value but it implied that a small child could learn how to smoke.

To further verify this finding, the respondents' knowledge of where to buy cigarettes was asked. Survey results revealed that the most cited way that the students got their cigarettes was through buying the cigarettes from stores, markets, groceries and street vendors. In fact 60.5% students said that they knew stores near their schools (within 100 meter- perimeter) who were selling cigarettes. Among the places where students usually smoked, the public places (ex. Park, shopping center, mall, streets etc.) and their friend's house were the top answers.

As additional information, the respondents cited which cigarette brand they consumed for the last 30 days. The specific timeline decided in order to know if there were respondents who quitted smoking and continued to smoke. Table 4 shows the cigarette brand consumed during the last 30 days.

Table 4.*Cigarette brand consumed during the last 30 days (*N=400)

		Frequency	Valid Percent
Valid	Hindi ako naninigarilyo nitong nakaraang 30 araw(1 buwan)	337	84.2
	Walang particular na pangalan o brand	2	.5
	Marlboro	50	12.5
	Philip Morris	2	.5
	Winston	2	.5
	Memphis	1	.2
	iba pa	6	1.5
	Total	400	100.0

It was apparent from this table that there was an increase in the number of nonsmokers. This implied that there were respondents who did not smoke for a month or probably quitted smoking. Of those who continue to smoke, they cited Marlboro as the top cigarette brand consumed. It was followed by Philip Morris, Winston and Memphis. There were 6 respondents who were not able to cite a specific brand.

The researchers chose male high school students to participate in the survey. Majority of the respondents' age range were 13-16 years old as expected to students in high school. Because half of them did not know their families' monthly income, the

researchers assumed from those who answered that a number of them belong to middle to upper class families. On their smoking prevalence, the results showed that more than half of the respondents were nonsmokers. For those who admitted to be smokers, their age was recorded and implied that they had started to smoke upon reaching high school. Their knowledge of where to buy cigarettes were also asked as well as their most consume cigarette brand. The results showed that they could avail cigarettes easily as it was being sold in the streets and stores and Marlboro was the most consumed cigarette brand by these smokers.

c. Sources of Information and Cues to Action about Smoking

The respondents answered what were their other sources of information and cues to action about smoking other than anti-smoking advertisements. They cited their schools (80%) as their primary source of information about smoking. It was followed by their families (77%) and their church (65.8%). Table 5 shows the respondents' other sources of information and cues to action about smoking. Multiple responses to this question is allowed.

Table 5**.** *Other Sources of Information and Cues to Action about Anti- Smoking* (N=400)

Sources of Information and Cues to Action About Smoking	**Percentage of Students Who Cited These Sources**
Family	77
Peer Group	49.2
School (teachers,classmates)	80
Church	65.8
Acquaintances	64

The exposure to these other sources of information about smoking had a slight difference from the respondents' answer which was their primary source of information. The table below shows the extent of exposure to these other sources of information. Multiple responses to this question are allowed.

Table 6. *Extent of Exposure to these Other Sources of Information (*N=400)

Frequencies / Sources	1 Everyday *(araw-araw)*	2 Few times a Week *(minsanisang lingo)*	3 Few times a month *(minsanisangbuwan)*	4 Seldom *(bibihira)*	5 Never *(hindikailanman)*
Family	40%	19.5%	10.2%	19.2%	11%
Peer Group	18.5%	16%	9.8%	35.5%	20.2%
School	31.8%	22.2%	13%	21.5%	11.5%
Church	24.5%	25.2%	10.8%	23%	16.5%
Acquaintance	16.8%	16.5%	12.8%	35.8%	18.2%
Smoking Program	31%	14.5%	15.8%	25.2%	13.5%

Interestingly the respondents cited their families as the source they were most exposed to. 40% answered that they were exposed with their families every day. The school (31.8%) and church (24.5%) followed. But according to Table 5, the respondents said that school was their primary source of information about smoking. This might be because they could be more exposed with their families but smoking was not always discussed. The school put the topics of smoking under the different academic subjects and the students learned from it.

The respondents considered their significant others and their own groups to be the other sources of information about smoking and their cues to action. The school was the primary source of information as it was a place of learning. The family then was cited to be the source that students were more exposed to. In this finding, the home and school played a great part in influencing the respondents.

d. Anti-smoking advertisements

Anti-smoking advertisements were helpful tools for information dissemination about smoking. This might come with different types and forms. Anti-smoking advertisement could be found in places where smoking was strictly prohibited or by using a medium so that information could be distributed.

The respondents identify health care facilities (79.5%) as the place where they mostly saw anti-smoking advertisements. The TV was the first medium that respondents notice and had watched anti-smoking ads. It was then followed by the school' smoking campaigns (72%).The radio was the least medium the respondents answered they had listened an anti-smoking advertisement. Table 7 shows the percentage of students who saw anti-smoking advertisements in the following places and media.

Table 7. *Anti-smoking Advertisements (*N=400)

Anti-smoking Advertisements	**Percentage of Students Who Saw Anti-smoking Advertisements in These Forms/Places**
Newspaper, magazines	56.2
TV	75.8
Radio	45.2
Billboards	46.2
Monorails (MRT/LRT)	55.5
Movie House	47
Health Care Facilities (clinics, hospitals)	79.5
Malls	61.2
School's Smoking Campaigns	72
Street sides	50.8

As Table 7 showed, the respondents were able to identify anti-smoking advertisements shown in different places and media. Health care facilities were cited as the place where one could see anti-smoking advertisements. This implied that hospitals and health clinics and centers should inform the people who went there about smoking. Health care facilities should be conducive enough for health and wellness. TV was still a helpful medium for information dissemination about smoking. The finding also implied that radio and billboards must further utilize for information dissemination about smoking.

e. Exposure to Anti-Smoking Advertisements

After determining what were the places or media that the respondents saw anti-smoking advertisements, the researchers asked the latter how exposed they were to these

places and media. The extent of exposure was determined according to the frequency of their exposure. Table 8 shows the extent of exposure to anti-smoking advertisements.

Table 8**.** *Extent of Exposure to Anti-Smoking Advertisements (*N=400)

Frequencies / Sources	1 Everyday *(araw-araw)*	2 Few times a Week *(minsanisang lingo)*	3 Few times a month *(minsanisangbuwan)*	4 Seldom *(bibihira)*	5 Never *(hindikailanman)*
Newspaper, magazines	11.2%	23.5%	10.2%	42%	13%
TV	24.5%	28.2%	12.2%	28.5%	6.5%
Radio	11.2%	20.2%	10.8%	37.2%	20.5%
Billboards	9%	13.5%	14%	37.8%	25.8%
Monorails (MRT/LRT)	17.2%	14.8%	14.0%	34.5%	19.5%
Movie House	16.2%	15.8%	12.5%	30.8%	24.8%
Health Care Facilities (clinics, hospitals)	47.5%	17.2%	10.2%	15.2%	9.8%
Malls	26%	22.5%	11.8%	25.2%	14.5%
School's Smoking Campaigns	37.8%	13.5%	10.5%	23.5%	14.8%
Street sides	21.6%	14.8%	7.5%	31.6%	24.6%

In Table 7, Health care facilities were cited as the top place where the respondents saw anti-smoking ads. The same was also true for their extent of exposure to these anti-smoking ads. The result seem to be confusing in a way that respondents answered health care facilities as the one they were exposed with anti-smoking advertisements every day. This might mean that they went to hospitals or clinics everyday or every time they went there they noticed anti-smoking advertisements. School's smoking campaigns were cited

as second (37.8%) as it was told in Table 5 that schools were the top source of information about smoking other than anti-smoking advertisements.

f. Extent of Recall of Anti-smoking Advertisements

The quantity of recall was based on how many anti-smoking messages and descriptions of the anti-smoking advertisements were remembered by the respondents. This was to now if they could recall any characteristic of the advertisement. For the quantity of recall, the researchers counted the number of anti-smoking messages recalled by the students. The number of the recalled anti-smoking advertisements' characteristics or descriptions was also counted. The characteristics of the recalled anti-smoking advertisements somehow reflected the strategies of these ads. In order to get the quantity of recall, the researchers put five spaces each for the recalled anti-smoking advertisements' messages and characteristics where the students filled up. The researchers just counted the number of recalled anti-smoking advertisements' messages and characteristics of the students regardless of the quality of their recall. Almost half of the respondents were able to recall at least 3-5 anti-smoking messages, 75% recalled at least 2 messages, while around 90% recalled at least one anti-smoking message. Table 9 shows the quantity of recalled anti-smoking messages together with the percentage of students who recalled them.

Table 9. *Quantity of Recalled Anti-smoking Advertisements' Messages (*N=400)

Number of Recalled Anti-smoking Advertisements' Messages	**At Least 5 messages**	**At Least 4 messages**	**At Least 3 messages**	**At Least 2 messages**	**At Least 1 message**
Number of Students who recalled the number of anti-smoking ads' messages	205	215	247	309	361
Percentage of the number of students	51.25	53.75	61.75	77.25	90.25

However when it came to the number of characteristics/descriptions of anti-smoking ads recalled by the students, around 60% students recalled at least 2-5 characteristics/descriptions while 81.5% recalled at least one. Below was the table for the number of characteristics /descriptions of anti-smoking ads with the percentage of students who recalled them.

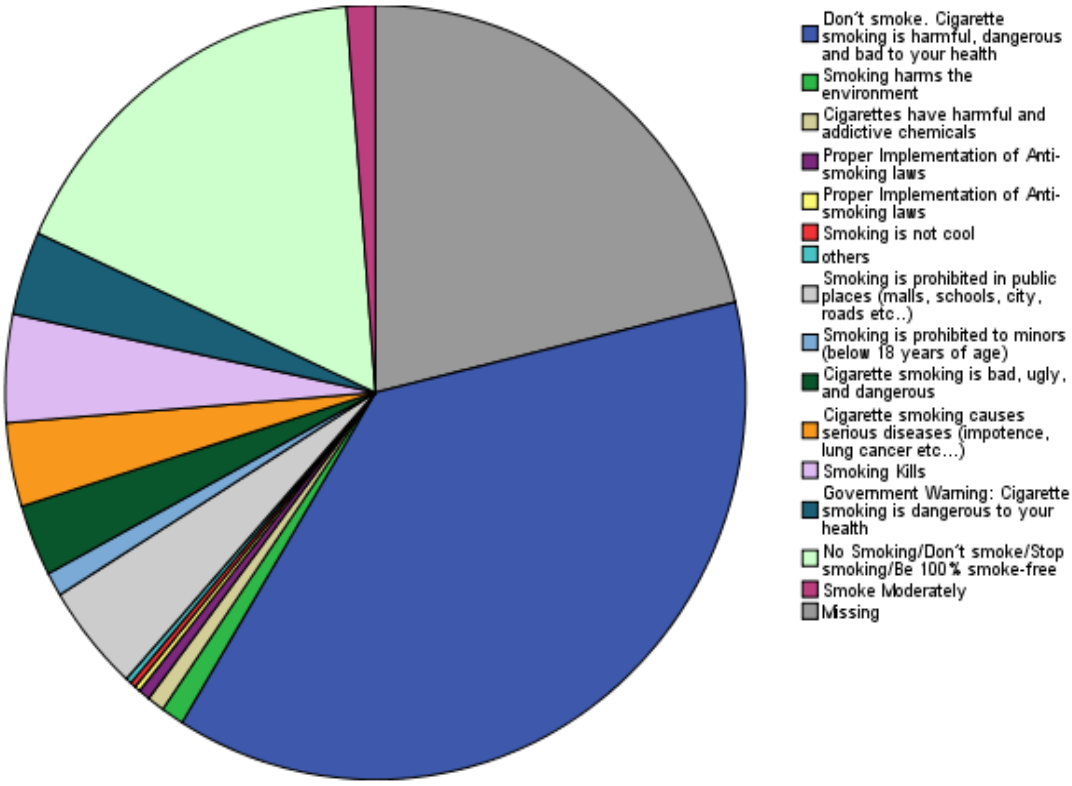
Table 10. *Quantity of Recalled Anti-smoking Advertisements' Characteristics (*N=400)

Number of Recalled Anti-smoking Advertisements' Characteristics	**At Least 5 messages**	**At Least 4 messages**	**At Least 3 messages**	**At Least 2 messages**	**At Least 1 message**
Number of Students who recalled the number of anti-smoking ads' Characteristics	224	233	241	256	326
Percentage of the number of characteristics	56	58.25	60.25	64	81.5

The quality of recall was the degree of recall that was significant for the study. In order to find out the quality of recall of the students, their responses were categorized into major themes. Looking on these key themes reflected the quality of their recalled messages and characteristics of the anti-smoking ads. From this categorization, the researchers found out what messages and characteristics were most recalled by the students.

The respondents' most recalled message of anti-smoking advertisements was "Cigarette smoking was dangerous to your health". This was because this message was mostly seen in cigarette packs, TV and posters as a warning that cigarette smoking was hazardous to one's health. The other message recalled was no smoking, preferably the signs and posts that could be seen in places where smoking is strictly prohibited. The other messages recalled are those indicating the diseases caused by smoking, prohibition for adults to smoke, smoke is also harmful to the environment and the laws against smoking. There were also a number of respondents who do not answer at all because they cannot recall any anti-smoking advertisements. The pie chart provided the distribution of recalled messages of anti-smoking advertisements.

Figure 5. *Distribution of Recalled Anti-Smoking Messages*



As shown in Figure 5 majority of the respondents could only recall one anti-smoking advertisement (90%) and one message or characteristic of that ad . A small number of respondents could recall more than five messages were the answers were almost identical to each other. The most common warning was “Cigarette smoking is dangerous to your health” because it was seen in cigarette packs and the sign “ No smoking” in places where smoking was strictly prohibited.

The results showed that the respondents were able to identify anti-smoking advertisements. They cited health care facilities and TV as the top place and medium where they noticed anti-smoking ads. Their extent of exposure was the same with the

addition of schools' anti-smoking campaigns verifying their answer that schools were the top source of information about smoking. In the extent of recall, almost all of the respondents could recall a one anti-smoking ads characteristic. Their descriptions were synonymous to each other and the most common answer were "Cigarette Smoking is dangerous to your health" and "No Smoking".

g. Knowledge on Smoking

RA 9211 or the Tobacco Regulation Act of 2003 was created as an answer to the increasing smoking problem in the country. It contained the different requisites and policies about smoking. Table 11 presents the percentage of students who know RA 9211.

Table 11. *Knowledge on RA 9211(*N=400)

Category of Responses	**Percentage of Students who Have Correct Answer**	**Percentage of Students who Have Wrong Answer**	**Percentage of Students who Don't Know the Answer**
Other name for Tobacco Regulation Act of 2003	17.3	19.3	63.2
RA 9211's Smoking Prohibitions in Public Places	81	2	16.8
RA 9211's Prohibition of Selling Cigarettes to minors	79.9	5	15
RA 9211's Prohibition of Selling Cigarettes within the 100-meter perimeter of the school	35.8	27	37

From the table we could see that majority of the respondents did not know RA 9211 (63.2%). But they had knowledge on what a smoking policy must consist. 81% answered that smoking was prohibited in public places, 79.9% answered the prohibition of selling cigarettes to minors and 37% answered that they did not know the exact measurement of the area of prohibition of selling cigarettes near schools.

Knowledge on the severity and threats of first hand smoking or actual smoking, second hand smoking or passive smoking and third hand smoking or exposure with the chemicals or cigarette residue were asked to the respondents. This was to determine their awareness to these types of smoking. Table 12 shows the percentage of respondents with knowledge on first hand, second hand and third hand smoke and their severity and threats.

Table 12. *Knowledge on the First Hand, Second Hand,& Third Hand Smokes; and their Severity &Threats(*N=400)

Category of Responses	**Percentage of Students who Have Correct Answer**	**Percentage of Students who Have Wrong Answer**	**Percentage of Students who Don't Know the Answer**
Definition of First Hand Smoke	46.5%	29.8%	23.5%
Definition of Second Hand Smoke	32%	43.2%	24.8%
Definition of Third Hand Smoke	53.8%	5.8%	40.5%
Smoking causes cancer,heartfailure,TB&emphysema	88.2%	2.2%	9.5%
Threat that people exposed to Second-Hand Smoke are more susceptible to smoking-related diseases that those exposes to first hand smoke	76.8%	6.5%	16.8%
Smoking causes impotence	63.8%	35.0%	1.2%
Smoking is detrimental to the environment	87.8%	91%	99.8%

Data obtained from the table showed that the respondents had a high knowledge on the definition of first hand smoke (46.5%) and third hand smoke (53.8%). Surprisingly only 32% knew second hand smoking but 76 8% answered that people who were exposed to second hand smoke is more susceptible to smoking diseases. This might be because they were not sure of secondhand smoking but still knew that danger of smoking.

h. Perceptions of Smoking

Respondents were asked the degree of their vulnerability of having smoking-related diseases. This was to know how they would rate themselves to be vulnerable with the certain diseases caused by smoking. The respondents have a high perceived susceptibility of having smoking-related diseases (47.5%). They cited lung cancer (59.2%) and halitosis (47%) as the disease that they were very vulnerable. Meanwhile cataracts (16%) and impotence (15.2%) were the diseases the respondents answered that they least likely to have. Table 13 shows the respondents' perceived susceptibility of having smoking-related diseases.

Table 13. *Perceived Susceptibility of Having Smoking-related Diseases (*N=400)

Smoking-Related Disease	1 Very High	2 High	3 Moderate	4 Low	5 Very Low	Mean
Smoking-related Diseases In General	47.5%	31.5%	10.2%	5.8%	4.8%	1.88
Lung Cancer	59.2%	22.8%	6.8%	4%	7.2%	1.77

Tuberculosis	42%	32%	11.5%	7%	7.5%	2.06
Heart Attack	35.5%	30.5%	19%	7.8%	7.2%	2.21
Stroke	31.2%	29%	18.2%	11.2%	10.2%	2.4
Impotence	23%	21%	20.5%	20.2%	15.2%	2.84
Halitosis	47%	21.5%	12.2%	9.5%	9.8%	2.14
Cataracts	22.5%	19.2%	22.5%	19.8%	16%	2.88
Stomach Cancer	29.8%	19.8%	22.5%	16.2%	11.8%	2.6
Leukaemia	31%	24.8%	16.5%	14.2%	13.5%	2.54
Emphysema	35.8%	22%	16.5%	12.8%	13%	2.45

As a supporting information, respondents were asked to indicate the degree of severity of smoking related diseases. The findings showed that respondents had a high perceived severity in smoking-related diseases (46.8%). 63% answered lung cancer to be the most extremely severe smoking related disease followed by tuberculosis 46.8%. Similar to their perceived susceptibility, the respondents answered impotence and cataracts to be the not severe smoking-related diseases. Table 14 shows the perceived severity of the respondents of smoking-related diseases.

Table 14. *Perceived Severity of the Smoking-related Diseases (*N=400)

Smoking-Related Disease	1 Extremely Severe	2 Very Severe	3 Severe	4 Less Severe	5 Not Severe	Mean
Smoking-related Diseases In General	46.8%	18.5%	20%	4.5%	10.2%	2.13
Lung Cancer	63%	17.2%	9.5%	3.5%	6.8%	1.74
Tuberculosis	46.8%	27%	14.5%	4%	7.8%	1.99
Heart Attack	45.2%	21%	18.2%	7.5%	8%	2.12
Stroke	37.3%	26.1%	18.8%	8.3%	9.5%	2.27
Impotence	32.2%	17%	20.2%	14.8%	15.8%	2.65

Halitosis	41.8%	18.5%	17.2%	12%	10.5%	2.31
Cataracts	29%	20.5%	21.5%	14.8%	14.2%	2.65
Stomach Cancer	36%	22.2%	19%	12.5%	10.2%	2.39
Leukemia	37.2%	21.2%	17.2%	11.5%	12.8%	2.41
Emphysema	40.2%	20%	17%	10.2%	12.5%	2.35

Smoking advertisements were the counterpart of anti-smoking ads. These had the goal of selling tobacco products to the public. As a form of marketing strategy, smoking ads had promotions to introduce their product. Respondents were asked about their knowledge regarding smoking ads and promotions. Table 15 shows the extent of exposure to anti-smoking advertisements and promotions.

Table 15. *Extent of Exposure to Smoking Advertisements and Promotions (*N=400)

Frequencies / Smoking Ads& Promotions	Not applicable (Don't have posters,newspapers,radioetc..or don't attend any events)	Often	Sometimes	Never
Posters	14.2%	13.8%	30.2%	41.8%
Newspapers,magazines	14.2%	13.8%	30.2%	41.8%
Radio	29.2%	8.2%	24.2%	38.2%
Events(Sports, fair,concerts, community affairs)	27.5%	10.5%	23.5%	38.5%

When it comes to seeing actors or actresses smoking in movies or TV programs, about 54% of the students said that they saw those sometimes and 38.8% answered that

they saw smoking scenes many times. About 8.5% of the students said that they owned T-shirts, pens, bags or anything that had the logo or name of a cigarette brand on them. The brands mentioned were Marlboro, Philip, Winston, Hope and Fortune. When asked about the frequency in which they saw cigarette brands on TV for the last 30 days, 46% of the students said that they saw cigarette brand sometimes, 30.5% said they didn't see any while 18.8% answered that they often saw cigarette brands on TV. About 30%of the students said they saw many smoking ads on posters while 37.8% saw only few and 20.5% of the students didn't see any. The most frequent cigarette brand that the students saw on posters and TV was Marlboro followed by Philip Morris then Hope.

In case of the knowledge, majority of the respondents do not know RA 9211 or the legal name of the 2003Tobacco Regulation Act of The Philippines. Those who were able to get the right answer might be caused by their intelligent guess to the question. In other way, the respondents had a high knowledge on the types of smoking and their dangers. They knew that they were susceptible to have smoking –related diseases once they smoked and perceived high severity of these diseases. Of the smoking ads and promotions, the respondents notice more ads that promote smoking. Just like in anti-smoking advertisements, TV was also a medium where they saw smoking ads. Only few of them knew any activities sponsored by tobacco companies as well owning materials with cigarette brand logos.

i. Attitudes toward Smoking

The respondents were asked about the likelihood or the chances that they would not smoke to determine their self-efficacy or their ability to do the recommended action which was not to smoke. For those who desire not to smoke 71% of respondents

answered that they never tried smoking while 14.2% had quitted smoking already. 12.5% answered yes they desired not to smoke. Self-efficacy of students who hadn't tried to smoke was high 70.5% and only 10.2 % to those who had tried smoking could stop the habit. 17.8 % of respondents answered that they could stop smoking if they chose to. Table 16 shows the percentage of respondents regarding their likelihood of not smoking.

Table 16. *Likelihood of Not Smoking (*N=400)

Category of Responses	Never Tried Smoking Before	Quitted Smoking Already	Yes	No
Desire not to smoke (Do you want to stop smoking?)	71%	14.2%	12.5%	2.2%
Self-Efficacy of Not Smoking (Can you stop smoking if you choose to?	70.5%	10.2%	17.8%	1.5%

As a contrast to their likelihood not to smoke, respondents were also asked if there were chances that they would smoke in the near future. In terms of the respondents' likelihood to smoke, majority of them answered that they would not smoke or continue to smoke for a year (50.8%). It was the same with their likelihood to smoke 5 years from now (49.5%). This results showed that majority of the respondents would not sought to smoking. Table 17 shows the respondents' likelihood of smoking.

Table 17. *Likelihood of Smoking (*N=400)

Category of Responses	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Likelihood to smoke 12 months from now (You will smoke 12 months from now)	4%	3%	19%	23.2%	50.8%
Likelihood to smoke 5 years from now (You will smoke 5 years from now)	2.8%	3.5%	21%	23.2%	49.5%

Respondents' attitude toward smoking was associated with how they would accept or the likelihood that they would agree to the different instances where smoking would affect their lives one way or the other. Table 18 shows the attitude of the respondents regarding the different situations and instances that smoking affected their lives.

Table 18. *Attitudes toward Smoking (*N=400)

Category of Responses	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Mean
Smoking makes people cool& fit in	8.5%	9%	15.8%	25.8%	41%	3.82
Smoking bans should be implemented in restaurants,pubs,bars, and clubs	48.8%	23%	13.5%	7.8%	7%	2.01
Youths should not smoke	66%	19%	7.8%	2.8%	4.5%	1.61
People who started smoking will have hard time quitting it	17.2%	39.2%	25.5%	10.8%	7.2%	2.52
Guys who smoke have more friends	5.8%	10.2%	30%	28.5%	25.5%	3.58
Smoking adds personality to a guy	4.8%	10.5%	30.2%	24.8%	29.8%	3.64

The table revealed that41% were strongly disagree that smoking made people cool and fit in. 48.8% of the respondents strongly agreed that smoking bans should be implemented in restaurants, pubs, bars and clubs. 85% had answered that youth should not smoke because according to 56.4% of the respondents, people who started to smoke would have a hard time quitting it. As males, about 30% did not give their opinion if guys who smoke had more friends and smoking would add personality to a guy

Respondents were asked what benefits they could gain if they did not smoke. Majority of the respondents answered that having a cleaner environment (91%) was their perceived benefit of not smoking. It was followed by having a healthy body (90.2%), favor from the family (84%) and friends (70.5%). We could see that the environment and the significant others were the major hindrances for the youth not to try smoking. Table 19 shows the perceived benefits of not smoking.

Table 19. *Perceived Benefits of Not Smoking (*N=400)

Benefits of Not Smoking	Percentage of Students who Perceived the Following as Benefits of Not Smoking
Healthy Body	90.2
Saved More Money	63.2
Favor from Family(because the family doesn't like smoking)	84
Favor from Friends (because the friends don't like smoking)	70.5
Cleaner Environment	91

The barriers of not smoking were the possible reasons that the respondents would smoke or not. The respondents' answers regarding the barriers to not smoke vary whether

they are smokers and non-smokers. 45.5 % answered that peer pressure is the perceived barrier of not smoking. Smokers answered vary cheap cigarette prices is also a barrier of not smoking. Because of the cigarettes' availability and affordability, smokers could continue to smoke. Smoking could be a good past time (27.8%) and once you were addicted to it (25%) it would be a barrier not to smoke. Table 20 shows the perceived barriers to not smoking.

Table 20. *Perceived Barriers to Not Smoking (*N=400)

Barriers to Not Smoking	Percentage of Students who Perceived the Following as Barriers to Not Smoking
Peer Pressure	45.5
Very Cheap Cigarette Prices	28.8
Addiction	25
Smoking is a good past time	27

The respondents had a high self-efficacy in terms of their perception and attitude toward smoking. Majority of the respondents were nonsmokers as shown in Table 3 and it was significant to know that they wanted to stay that way. Their likelihood to smoke is low while the likelihood not to smoke is high. They also had a positive attitude toward smoking and how it affected their everyday lives. They also knew the benefits of smoking and cited to have a clean environment as the top benefit of not smoking. In case of barriers, they perceived peers to be a barrier of not smoking and the availability and affordability of cigarettes. This might be because friends and peers could influence them to smoke and cigarettes seen around them could attract them to purchase it.

j. Correlation Between Exposure and Perception of and Attitude toward Smoking

Perceptions and attitudes about smoking would be compared with the extent of exposure to anti-smoking advertisements and to other sources of information about smoking. This was to determine if perception and attitude were influenced or affected by anti-smoking ads and the other sources of information about smoking. In order to answer this, the bivariate correlation analysis was used. The bivariate correlation described the degree of relationships between two variables. Specifically, the Pearson's-r statistical test was used. In addition, the researchers conducted also a two-tailed significance test with significance level of .05 and .01 in order to be determined that the observed correlation did not occur only by chance. Pearson's correlation figures vary from -1 to +1, the larger the value, the stronger the correlation (Griffith, 2007).

j.1. Extent of exposure to anti-smoking advertisements

Using the bivariate correlation analysis, the researchers found out that there was a very weak correlation between the students' smoking perceptions (perceived susceptibility, perceived severity, likelihood to smoke in 12months&likelihood to smoke in 5 years) and their extent of exposure to anti-smoking ads. The same weak correlation was observed between the students' smoking attitudes and their extent of exposure to anti-smoking ads.

Using the Pearson's R correlation test which states that R varies from -1 to +1,the larger the value the stronger the correlation, results showed that almost all the correlations have value around .01 to .1, this showed a very weak correlation between the exposures to anti-smoking ads and the students' smoking perceptions and attitudes. However there is a significant correlation between the general perceived susceptibility

and exposure to TV and movie house at .05 significant levels determined via two-tailed significant test, and monorails and health care facilities at .01 significant levels. The highest correlation value is the correlation between the likelihood of smoking 12 months from now and the exposure to anti-smoking ads in monorails (MRT, LRT) which is r=.623. Table 21 shows the correlation of the respondents' extent of exposure to anti-smoking advertisements and their perception of and attitude towards smoking.

Table 21. *Correlation of the students' extent of exposure to anti-smoking advertisements and their perception of and attitudes towards smoking(r=correlation) (*N=400)

Smoking perceptions&Attitudes Exposure to:	General Perceived Susceptibility	General Perceived Severity	Likelihood of Smoking 12 months from now	Likelihood of smoking 5 years from now	Smoking Attitude
Newspaper, magazines	*r=.046*	*r=.002*	*r=.087*	*r=.066*	*r= -.015*
TV	*r=.122**	*r=.029*	*r=.021*	*r=.052*	*r=.029*
Radio	*r=.093*	*r= -.006*	*r=-.015*	*r= -.009*	*r=.038*
Billboards	*r=.083*	*r=.024*	*r=.058*	*r=.076*	*r= .021*
Monorails (MRT/LRT)	*r=.132***	*r=.081*	*r=.623*	*r=.042*	*r=.018*
Movie House	*r=.121**	*r=.071*	*r=-.091*	*r= -.061*	*r=.068*
Health Care Facilities (clinics, hospitals)	*r=.136***	*r=.035*	*r= -.068*	*r= -.064*	*r=.072*
Malls	*r=.043*	*r=.023*	*r=-.022*	*r= -.005*	*r=.024*
School's Smoking Campaigns	*r=.037*	*r= -.032*	*r=.048*	*r=.005*	*r=.076*
Streetsides	*r=.016*	*r=.016*	*r=.046*	*r= .034*	*r=.056*
*NOTE: *Correlation is significant at .05 level(2-tailed)* ***Correlation is significant at .01 level(2-tailed)*					

j.2. Extent of exposure to other sources of information about smoking

There is a very weak correlation also between the extent of exposure to other sources of information about anti- smoking and their perception of and attitudes towards smoking. Results showed a significant correlation between the general perceived susceptibility and the family (r=.160), school(r=.166), church (r=.218), and smoking program(r=.156). A significant correlation was also found between general perceived severity and family(r=.108), peer group(r=.132), church(r=.142), school (r=.098) and smoking program(r=.134). However these significant correlations are very weak. Table 22 presented the correlation of the respondents' extent of exposure to other sources of information about anti-smoking and their perception of and attitude toward smoking.

Table 22. *Correlation of the students' extent of exposure to other sources of information about anti- smoking and their perception of and attitudes towards smoking(r=correlation) (*N=400)

Smoking perceptions&Attitudes Exposure to:	General Perceived Susceptibility	General Perceived Severity	Likelihood of Smoking 12 months from now	Likelihood of smoking 5 years from now	Smoking Attitude
Family	*r=.160***	*r=.108**	*r=-.08*	*r= -.059*	*r=.073*
Peer Group	*r=.092*	*r=.132***	*r=.019*	*r= -.004*	*r= -.013*
School	*r=.166***	*r=.098**	*r=.039*	*r=.015*	*r=.088*
Church	*r=.218***	*r=.142***	*r=-.056*	*r= -.089*	*r=.087*
Acquaintance	*r=.087*	*r=.063*	*r=-.011*	*r= -.047*	*r= .028*
Smoking Program	*r=.156***	*r=.134***	*r=.007*	*r= -.018*	*r=.096*
*NOTE: *Correlation is significant at .05 level(2-tailed)* ***Correlation is significant at .01 level(2-tailed)*					

k. Correlation between Recall and Perception of and Attitude toward Smoking

There is a weak correlation between the students' quantity of recall of anti-smoking ads messages to anti-smoking advertisements and their perception of and attitudes towards smoking. A significant weak negative correlation was found out between the quantities of recall of anti-smoking ads' messages and general perceived susceptibility (r=-.127) and general perceived severity (r=-.153). However a weak positive correlation was found between the quantity of recall of anti-smoking ads' characteristics/definitions and general perceived susceptibility (r=.138) and general perceived severity (r=.147). Table 23 shows the correlation of the respondents' quantity of recall of anti-smoking ads messages and their perception of and attitude toward smoking.

Table 23. *Correlation of the students' quantity of recall of anti-smoking ads messages to anti-smoking advertisements and their perception of and attitudes towards smoking(r=correlation) (*N=400)

	General Perceived Susceptibility	General Perceived Severity	Likelihood of Smoking 12 months from now	Likelihood of smoking 5 years from now	Smoking Attitude
Quantity of Recall of Anti-smoking ads' Messages	*r= -127**	*r=-.153***	*r= .109*	*r=.072*	*r= -.061*
Quantity of Recall of Anti-smoking ads' descriptions/characteristics	*r=.138**	*r=.147**	*r=.049*	*r= .053*	*r= .062*
*NOTE: *Correlation is significant at .05 level(2-tailed)* ***Correlation is significant at .01 level(2-tailed)*					

The results in Tables 21-23 proved that there was a weak correlation between exposure (both to anti-smoking advertisements and other sources of information about smoking) and recall of anti-smoking ads to the perception and attitude of the respondents toward smoking. This implied that anti-smoking advertisements might have a low influence with the perception and attitude of the respondents toward smoking. It was the same with the other sources of information about smoking which includes the school and family. The perceived barrier of not smoking which was the availability and affordability of cigarettes could be a hindrance for anti-smoking ads to achieve its goal.

2. Focus Group Discussion Results

In March 2012, two separated Focus Group Discussions (FGD) were conducted with 20 NCR male high school students (10 smokers and 10 non-smokers) who were chosen from the schools who participated in the survey. The first FGD was done with 10 male non-smoker high school students from Colegio De Sta. Ana (CDSA), Taguig while the second FGD was conducted with 10 male smoker students from Malabon National High School (MNHS).

In order to analyze the FGDs, Debus (1988) suggested some useful parameters in analyzing data which the researchers used in the study's FGD analysis. The researchers categorized the research finding according to key themes. The researchers also identified the different positions that occurred under each theme. Upon identifying the different positions, a summary of these positions as well as an assessment of the extent on which the students held their positions were made. Some verbatim phrases from the students were also pulled out to represent their positions.

a. Perception and Attitude toward Smoking

a.1 Smokers

The respondents were asked about their perception when they hear about smoking. This was to determine what came first in their mind that was related to cigarettes and tobacco. The prevailing answers were; it was a vice, dangerous to one's health and addict.

"Bisyo (vice)"- Student 1

"Masama sa kalusugan (dangerous to one's health)"- Student 2

"Adik (Addict)" – Students 3 and 4

The other responses pertained to one's outer appearance. The respondents relate smoking to the possible façade of a smoker. The responses were: bad smell (mabaho) did not take a bath (di naliligo). One of the respondents even mocked his fellow classmates by telling the facilitator to smell their mouth which still smelled cigarettes.

The next question was about the students' perception on what were the benefits of smoking. Two students answered it by saying that smoking made them braver and gave them self-confidence

"Nakakatapang ma'am (could make us brave)"-Student 6

"Nakakalakas ng loob (could gave self-confidence)"-Student 7

Student 4 also said that one could have a face like student 6 and everyone laughed.

The facilitator asked them what were their perceived danger or threat of smoking the respondents replied that smoking could cause many diseases and even death.

"Nakamamatay (deadly)"- Student 4

"Nagkakaroon ng sakit (one would acquire disease)"- Student 9

"TB"-Student 10

When asked about their vulnerability to acquire those diseases or threat all of them answered "yes" because they smoked. The students were joking until Student 5 answered that it would depend if one smoked heavily

"Kapag sumobra pwedeng magkasakit (if you exceed you might got sick)" – Student 5

After asking their vulnerability the facilitator asked them what would be the rate of severity of the disease. Some answered to be mild while others answered it would be level 10 or extremely severe.

"Mild lang (Mild only)"- Student 5

"Level 10" Student 7

The facilitator then asked the students what were their perceived benefits of not smoking. The students were joking and were not orderly. Student 7 had to shout at his classmates to keep in order because they were being recorded. The facilitator then asked the students again and among their responses were no illness, cool and not bad breath.

"Walang sakit (no illness)"- Student 9

"Presko (cool)" – Student 8

"Hindi bad breath (not bad breath)" – Student 5

They were always joking Student 6 especially when Student 4 pointed a handsome guy and compare it with the face of student 6. When asked if they had experienced smoking, they jokingly answered they hadn't tried it.

The facilitator then asked the students what the possible reasons why people find it hard to quit smoking. They answered that cigarette was addictive, they got sick when they did not smoke, they liked the taste, salivating which for one of them was severe, and their day was not complete without cigarette and they feel restless.

"Kasi meron anu…..nakakaadik (because it had something addictive)" – Student 9

"Nagkakasakit… nagkakaroon ng sakit (they got sick.. they acquire illness)"- Student 8

"Di nabubuo ang araw kapag hindi nakakapagyosi (the day was not complete without cigarette)" – Student 7

When asked about the possibility if they would stop smoking, Student 4 kept on insisting Student 6 could answer that. Student 6 shyly answered that if one liked someone. Student 4 reveal it as Agang(the name of the girl Student 6 liked). Student 10 answered that if one would court someone and Student 8 one could stop if they had found leisure.

"Kapag manliligaw (if courting someone)"- Student 10

"Kapag may napaglilibangan na (if one could find another leisure)" – Student 8

The other respondents spoke at the same time. Student 5 replied if they would be disciplined while Student 6‘s other answer was if there was no filter.

The facilitator asked them when they started smoking. The respondents were joking and laughing about the question. Some answer when they were in kinder while some even before their father but among these the other respondents answer just recently or at the age of 11 to 13. When asked who influenced them to smoke they were jokingly pointing to Student 6 who was wondering why they were pointing him. The facilitator interpreted it as a peer influence that everybody agreed. Aside from their peers, they were also influenced by their teacher and father. The respondents were asked how they perceived these people, their answers reflected to adulthood or maturity.

“Feeling nila malaki na sila (they feel they were grown up)”- Student 1

“Feeling nila manong na sila (they feel they were adult men)” – Student 2

The facilitator asked the student what they could say to those youth who smoke. The respondents were not able to give a concrete answer. They asked the facilitator to ask other third year student to answer the question.

a.2 Non-smokers

The facilitator asked the respondents what would be the first thing that came up when they hear smoking, the students associated it with cigarette smoking, some of them answered tobacco, burning of lungs, deadly, addictive ,darkening of lips, toxic, could pollute the air and environment and can cause halitosis. They even joked for immunity.

“Sunog baga (lungs were burned)” – Student 4

"Nakakamatay (deadly)" – Student 5

"Addictive" – Student 6

"Nakakasira ng hangin sa kalikasan (could pollute the air in the environment)" – Student 9

When asked about their perceived benefits of smoking, most of them answered none. They insisted that there was no benefit of smoking until Student 9 answered smoking was relaxing that surprised the others. Student 8 replied smoking could cast away problems and Student 5 answered smoking gave comfort to the feeling. Student 6 jokingly answered smoking was a cure for asthma and when the facilitator asked to verify it he just laughed.

When asked about the dangers of smoking, everybody was able to give answers. They cited diseases of the lungs as the most commonly known danger associated with smoking.

"Nakakamatay (deadly)" – Student 1

"Lung cancer" – Student 2

"Magkakaroon ng TB (could acquire TB)" – Student 4

The respondents were asked what would be the probability that they would acquire those diseases. They answered that it would be because of second hand smoke. They were not sure if there was third hand smoke. The facilitator then asked them how severe it would be if they acquired those diseases. All of them answered it would be

severe and difficult. They would have a hard time to work and it was a burden for their pockets.

"Malala (severe)" – Student 9

"Mahirap magtrabaho (difficult to work) and mahirap tigilan (difficult to stop)" – Student 3

"Masakit sa bulsa (difficult to the pocket)" – Student 8 everyone was laughing

The facilitator then asked what the benefits of not smoking were. The respondents answered that one would acquire healthy body, less fatigue, breathe easily and good breath.

"Mabuting kalusugan (good health)" – Student 2

"Hindi madaling mapagod (less fatigue)" – Student 10

"Nakakahinga nang maayos (could breathe easily)" – Student 9

The respondents were asked what would prevent them not to smoke. The answers were mostly the people they interacted daily and those around them

"Kaklase (classmate)" – Student 6

"Barkada (peers)" – Student 4

"Tao sa tabi-tabi (people in every corner)" – Student 7

"Pwede parents (could be parents)" – Student 2

The respondents affirmed that peers could influence them but not always. Aside from the persons they interacted mostly every day, TV could also influence them because of their curiosity.

The facilitator asked the students if they could smoke in the near future, the students reply that they would not some or 0 percent. One student answered that he might smoke when he got older. When asked how they perceived the youth who smoke, they answered that they might had a problem in the family or broken family and in the heart or broken hearted.

b. Exposure and Recall of Anti-smoking Advertisements

b.1 Smokers

The facilitator asked the respondents about their exposure and recall of anti-smoking advertisements. The students answer that they had not seen any anti-smoking advertisements. When the facilitator clarified what kind of advertisements were these, the students replied that they had seen advertisements inside jeepneys. They remembered the "No smoking" signs that could be found in jeepneys. The students affirmed that there were no anti-smoking advertisements in their school. The other answers were: in public areas, inside the comfort room, in tricycle, in the market in hospitals, in malls and at home.

The students were asked to described each anti-smoking advertisements that they commonly seen that made them remember it. The students answered the picture of a cigarette with an "X" (hand gesture of X) the message "Cigarette Smoking is dangerous to your health" that they saw in cigarette packs and to the traffic enforcers.

"Sigarilyo na nakaganoon (cigarette like that)" – Student 2 with a hand gesture of X

"Government Smoking is dangerous to your health" – Student 6

"Sa may ano sa may traffic enforcer…yun may bilog bilog na bawal manigarilyo (in the traffic enforcer with circles indicating no smoking)" – Student 9

The students were then asked if these anti-smoking advertisements affected them one way or the other. Sadly they answered "No". For them it was nonsense and it had no effect because cigarettes were still being sold. They replied that anti-smoking advertisements were few and all of them agreed.

About the smoking ads and promotions the respondents were able to answer more. They cited Marlboro, Fortune and Philip to be the most common brands. They noticed a message "Yosi Astig (Cigarette is great)" to some of those smoking ads. They were laughing because they notice that their classmates were really addicted to smoking for knowing those advertisements. They also answered that they noticed smoking ads in TV especially TV programs. Some of these also contain the message "Cigarette smoking is dangerous to your health". When asked about their knowledge on activities sponsored by cigarette companies, they answered none.

The facilitator asked the students if the smoking ads had any effect on them. Just like the anti-smoking ads, they had no effect on them. To compare the two ads the facilitator asked them who among the ads they were most exposed to the students answer it would be the smoking advertisements.

As an ending question, the respondents were asked what they would suggest so they could be affected by those anti-smoking ads. The respondents answered it would be better not to sell cigarettes anymore in order not to attract the public.

"Wag na magbenta ma'am (do not sell ma'am)" – Student 4

b.2 Non-Smokers

The facilitator asked the respondents to raise their hands if they would answer to avoid noise. They were asked what the anti-smoking advertisements they were familiar with. They answered the message "Cigarette Smoking is dangerous to your health", smoking ban and the "No smoking sign".

"Government warning smoking is dangerous to your health" – Student 3

"Smoking Ban" – Student 7

"No Smoking sign" – Student 5

One respondent answered that he had seen an advertisement in TV that showed an image of a face that almost exploded it looked that a piccolo exploded to the face of a man

"Meron po yun may ma nakakatakot na mukha dun sa ano….yun parang sumabog yung mukha (there was a scary face as if the face had exploded)"- Student 10

The respondents answered that they had seen posters that display pictures of smoking victims and different kinds of cancer caused by smoking. The students saw these posters in Barangay hall, gym and hospital. Student 10 answered that anti-smoking

advertisements are aired in TV specifically in Channel 13. Although it was not an anti-smoking channel, there were advertisements about quitting tosmoke or preventing to smoke.

The respondents were asked if they were affected by these advertisements and they answered “YES”. They admitted that the anti-smoking ads were insufficient and they could only be found in selected areas.

When asked what they could suggest to improve the anti-smoking advertisements, they answered there should be pictures of smokers to vote for Frankie for president (while laughing), unity and cooperation.

“Lagyan ng picture ng mga naninigarilyo (put pictures of smokers)” – Student 10

“Dapat ikalat sa buong parte ng Pilipinas…merong batas na isinisulong (to be distributed in different parts of the Philippines.. to have laws that push it)” – Student 2

“Dapat magkaisa.. unity lang (should unite..unity only)” – Student 1

“Cooperation” – Student 8

When asked what should be the design of the anti-smoking advertisements, two students jokingly pointed one student in the group while laughing; a student answer there should be a warning message not to be like a smoking victim.

“Yun naninigarilyo “kung ayaw mong matulad sa akin” may picture ng sakit (the one who smoke “if you did not want to be like me” with picture of disease)” – Student 5

The respondents admitted that they know more smoking advertisements. They were able to describe them too. They were familiar with Marlboro and Winston; they saw these ads in the form of calendars, notebook and in some TV programs.

The respondents were also asked to describe the smoking ads. They answered it was colorful with promotions, horses and women. They usually saw these in posters. They admitted that they saw more smoking ads than anti-smoking advertisements. They had not participated any event or activity sponsored by cigarette companies.

As the last question the facilitator asked the students if they were influenced or if the smoking ads had any effect on them. They answered that there was still no effect they would still not some because they did not want to get hurt.

"Hindi…hindi pa rin (no…not at all)" – all

"Ayokong mapaso ako (I did not want to get hurt)" – Student 9

c. Synthesis

The two groups were able to give significant information about the smokers and nonsmokers' perception, knowledge and attitude about smoking as well as their exposure and recall to anti-smoking ads and smoking ads. Because the two groups were different in characteristics they had different belief and perception especially about smoking prevalence. In some points they had similarities especially regarding their knowledge in

smoking. The two groups were able to give different suggestions about youth smoking regulation or smoking regulation as a whole in the country. Their answers were based on their own experiences and their conviction as the better good for all.

In terms of their perception about smoking, both groups were able to associate smoking as negative. They describe the smokers as someone with an awful appearance and smoking was addictive and dangerous to one's health. In case of their vulnerability smokers and nonsmokers believed that they were vulnerable to the dangers and threats of smoking The smokers believed that if they smoked heavily they would be seriously sick while nonsmokers believed that they could get sick due to secondhand smoke The same was true for the rate of severity. Both groups answered that the dangers and threats of smoking was severe.

A striking result of this discussion was their perceived benefit of smoking. Smokers cited easily what were the benefits of smoking that they gained. They associated it with adulthood and maturity For the nonsmokers they insisted that there were no benefits of smoking The answers they gave were from their observation of smokers or what they thought to be the possible reason why smokers smoke. For the benefits of not smoking the two groups were able to similar answers which were good health, clean environment and avoidance of diseases.

The smoker group was not able to give their perception to other youth who smoke but the nonsmoker associated it with rebelliousness or these youth might have problems at home or in heart. It was probable that smokers did not want to justify their fellow

smokers and the nonsmokers perceived smoking was a comfort zone. Cigarette smoking was viewed by some adolescents as an “arousal a” (Eysenck and Eysenck, 1975).

In their exposure and recall both groups admit that anti-smoking ads were insufficient and few The smoker group admitted that anti-smoking ads were seen in selected areas In their recall of anti-smoking ads the nonsmokers were able to give more detailed description of anti-smoking advertisements Both groups were familiar wit the warning “Cigarette Smoking is dangerous to your health” and “No Smoking” sign.

Both groups were also familiar with smoking ads and promotions. Compared to anti-smoking ads, smoker and nonsmoker group admitted that they were more familiar to smoking ads. They could recall the characteristics of these ads with detailed description. Cigarette ads and promotions were used to convince the public of the good traits and benefits of smoking (Fine 1972). These were a marketing strategy of tobacco companies for their products.

In case of effect, the smokers perceived anti-smoking ads to be useless and nonsense because cigarettes were still sold in the market The nonsmokers on the other hand answered that they were influenced by the anti-smoking ads but due to insufficiency it was their own control to hold firm that they would not smoke In smoking ads and promotions, both groups admitted that they were not affected by these ads the smokers smoke with their own conviction while nonsmokers resisted to be influenced by these ads.

Both groups have their own suggestion to improved anti-smoking messages. Smokers suggested that cigarette should no longer be sold in order not to attract smokers

and the public. Nonsmokers believed that anti-smoking messages should be distributed in the different parts of the country and a strict law should be pushed and implemented about smoking regulation.

These findings showed that smokers and nonsmokers ad similarities and differences regarding smoking because of their own experiences Smokers had more positive attitude toward smoking than the nonsmokers In case of their exposure it was verified that anti-smoking messages were not enough and strict law should be implemented about smoking regulation. Besides the dissemination, nonsmokers gave more value and appreciated anti-smoking ads than the smokers.

B. Discussion

Numerous studies had been made about smoking. According to WHO (2006), there are many reviews of tobacco related studies. With these numerous topics about smoking, the researchers decided to examine deeply the issues about youth smoking in reference to how the youth were influenced by advertisements. To be more specific, anti-smoking advertisements would be the primary focus. The study aims to know how the extent of exposure to and recall of these anti-smoking ads affect the perceptions and attitudes of the youth about smoking.

Starting with the methods used, a survey was randomly conducted to 10 schools in Metro Manila. A total of 400 male high school students from the National Capital Region were selected as respondents for the survey. To dig more information, two Focus

Group Discussions were made in two schools from the ten schools that were originally chosen as samples. With this methodology, we could verify the data we obtained.

The respondents were mostly 14 years old and their age range was 13 – 16 as expected for high school students. Because of the little data that these students gave about their families' monthly income, the researchers concluded that majority of them belonged to middle to upper class families. In case of smoking prevalence, more than half of the respondents admitted that they did not smoke. To those who smoke, the researchers asked the age when they started to smoke. As seen in Table 3, the ages that most of the respondents had smoked were 12 and 13 years. The researchers wanted to verify if there were smokers who had quitted smoking so they asked about the students' consumption of cigarette brand. There was a probability that some of the smokers had quit smoking already.

In terms of their other sources of information about smoking and cues to action, the school was cited as their top source of information followed by their families and churches. As compared with their exposure, the family became the source they were most exposed to, the schools' anti-smoking campaigns and church. This finding indicated that school was where the students acquired more information about anti-smoking. The family might be the one they were most exposed to but smoking was not always discussed inside their home. The study indicated that family, school and the church were the respondents' sources of information about smoking. This asserts the GYTS (2007) data that in the Philippines, majority of the youths received teachings about the dangers of smoking in their schools.

The respondents' exposure of anti-smoking advertisement proved that they were able to identify ads that informed about smoking. The study pointed out Health Care facilities to be the place where the respondents noticed anti-smoking advertisements most. This means that hospitals and health clinics were supposed to be conducive for health and wellness. The same with their exposure, health care facilities were ranked as the top. This seemed to be confusing if it could mean that respondents went there every day. Regarding the results from the FGD, smokers pointed that they had not seen anti-smoking advertisements. They admitted that their school did not have anti-smoking campaigns. They only knew the *No Smoking Signs* that could be found in jeepneys. Anti-smoking advertisements could only be found in public places where smoking was strictly prohibited. In case of the nonsmokers, they were more attentive to anti-smoking ads. They even knew a TV Channel that aired anti-smoking advertisements. According to Philippine GYTS (2007), regarding the exposure of Filipino youths to anti-smoking advertisements there was a decreased percentage of students who had seen anti-smoking media messages. The finding of this study verifies the data of Philippine GYTS.

By means of recall, surprisingly 90% of the students were able to recall a characteristic of the anti-smoking advertisement. The most common message was *"Cigarette Smoking was dangerous to your health"* and *"No Smoking"* signs. From the FGD, the participants saw these messages mostly in cigarette packs and in TV. Prior studies had noted the importance of pictures or cigarette warning labels in cigarette packs. (Hammond, Fong, McNeill, Borland & Cummings, 2006). Picture warning labels on tobacco products increase knowledge about tobacco consumption risks, reduce adolescents' intentions to smoke, and motivate smokers to quit. These labels counter the

tobacco industry advertisements. The present study shows that pictorial warning labels were implanted with the minds of those who had seen them. Pictorial warning labels could easily be recognized even by children. (White,Webster & Wakefield, 2008, Hammond, 2008).

For the knowledge about smoking, the researchers found that the respondents were aware of the places where cigarettes were sold. Almost 61 % also admit that cigarettes were sold near their schools. The study found that the students did not know what RA 9211 was or the legal name of the 2003 Regulation Act of the Philippines. As seen in Table 11, 63% did not know RA 9211. The present findings seem to be consistent with other research which found that the enforcement made by the Philippine local government officials of the National Tobacco Laws and the WHO-FCTC was "poor" (GYTS, 2007) But in spite of this the respondents were aware of what a smoking law should consist. In the case of their knowledge on dangers of the types of smoking, the study found that the respondents had a high awareness of these types. The same with the FGD, when the nonsmokers answered they might get sick due to secondhand smoking or when inhaling the smoke from a nearby smoker.

Their perception about vulnerability of having smoking related diseases was consistent on both the survey results and FGD. They knew that they were vulnerable to the dangers of smoking. They associated smoking to lung diseases that were deadly. At the rate of severity, the respondents perceived it to be high. The smoker group from the FGD believed that there was a high severity of smoking related diseases but it would only affect those who smoked heavily. These findings further support the study of Hammond

(et al., 2003) that showed most smokers perceive themselves having lesser risk than other smokers.

Exposure to smoking ads had produced an interesting result. The participants in FGD were more exposed with smoking ads and promotions. They could give detailed characteristics of those ads. Marlboro was the top or most common cigarette brand. The survey results showed that respondents had seen smoking scenes in TV programs and some were aware of the activities sponsored by the tobacco companies. This study confirms that the youths were exposed to smoking promotion and advertisements where smoking was portrayed as glamorous, social and normative (GYTS, 2007).

The nonsmokers hold firm in their control to not smoke. In FGD, the nonsmoker group gave a zero probability that they would smoke in the near future. The study found out that majority of the respondents had a high self-efficacy that they would not smoke or they would quit smoking. In case of their perceived benefits of not smoking, both survey and FGD gave similar results: healthy body, clean environment and good appearance. Having a clean environment was cited to be the top priority (91%). For the benefits of smoking, the smokers were able to give answers that associated with maturity and manhood. The nonsmokers were not able to immediately gave an answer so they replied according to what they thought was the reason. This means that smokers and nonsmokers had their own perception of smoking. There are several possible explanations for this result. Particularly, current smokers perceived smoking as having positive attributes while the non-smokers perceived smoking as having negative characteristics (Taylor, Ross, Goldsmith, Zanna &Lock, 1998; Shervington, 1994). Moreover, current smokers' perceived susceptibilities of having smoking-related diseases were lesser than the non-

smokers and former smokers even though the perceived seriousness of all the groups was almost the same (Klesges, Somes, Pascale, Klesges, Murphy&Williams, 1988;Taylor, Ross, Goldsmith, Zanna&Lock,1998; Shervington,1994).

The attitude also varies especially with the smokers and nonsmokers. Because majority of the respondents were nonsmokers, they perceived smoking should be regulated and smoking law should be implemented. In the FGD, the smokers had more positive attitude toward smoking and they believed that their vulnerability of smoking dangers would be lessen if they would be more careful. It was important that smokers understand the risks as well as the severity of smoking in order to motivate them to quit smoking (Environics Research Group, 1999).

For their perceived barriers to not smoke, family, peers, and the environment were those who could influence them to smoke. The availability and affordability of cigarette sticks could attract the public to purchase cigarettes. Because of this when asked by the facilitator, the smokers suggested that cigarettes should not be sold to reduce the number of smokers. The nonsmokers suggested on the other hand to improved anti-smoking advertisements and distributed it in the whole country. They also added that a strict smoking law should be implemented.

The study found a weak correlation between exposure (both to anti-smoking advertisements and other sources of information about smoking) to the perceptions and attitudes of the respondents toward smoking. It was the same with the extent of recall and the perception and attitude toward smoking. These findings were rather disappointing. It was in agreement with the Philippine GYTS

(2007) study that Filipino youth were not exposed to anti-smoking messages. Anti-smoking advertisements had little to no effect to the public especially the youth. The smoker group commented that anti-smoking ads were useless and nonsense because of the prevalence of cigarette selling. This finding has important implications for developing improved anti-smoking ads and campaigns. This finding provides some support for the premise that RA 9211 should be strictly implemented. Another reason for this weak correlation that was computed using the Pearson-r test was the proposition of the Mere Exposure Theory. The theory states that the attitude change caused by the frequent exposure to stimulus is a positive one however too much repetition of exposure to that stimulus can reduce the effects to the preference of a person toward that stimulus (Izard, Kagan,& Zajonc,1984). For this study, the stimulus is the anti-smoking advertisements. The students' too much repetitive exposure to anti-smoking ads may weaken the effect of the ads to the students' attitudes toward and perceptions of smoking. This was supported by the results of the FGDs that most of the anti-smoking ads that the students saw had little effects on their perceptions of smoking. The students also said that they saw more smoking ads than anti-smoking ads. They suggested that the anti-smoking ads should be more graphical, colorful, and many in order for these ads to have a great effect on them.

CHAPTER VI. SUMMARY AND CONCLUSION

A. Summary

Smoking is one of the leading causes of death in the Philippines. According to the Report on Global Tobacco Epidemic (WHO,2009b), 240 Filipinos die every day because of smoking-related diseases such as cancer and heart disease.

Over the past decades, there has been a dramatic increase in the prevalence of smoking among the Filipino, especially the youth. It is becoming increasingly difficult to ignore the number of male Filipino youths with ages 13-15 years who are smoking. According to the Global Youth Tobacco Survey (2007) among the 4 million Filipino youth smokers, 2.8 million are boys and 1.2 million are girls. This shows that majority of the early starters are male in the high school level. In order to contribute to the efforts of Information Education and Communication health campaigns, the present study was designed to determine the effects of the extent of exposure to anti-smoking advertisements and the recall of National Capital Region (NCR) male high school students to their perceptions and attitudes toward smoking.

Three theories were used for the framework of this study namely the Health Belief Model (HBM), Mere Exposure Theory, Availability Heuristics Principle. Applying these theories on the study, the HBM provided the psychological model in describing the students' perceptions of and attitudes towards smoking. The Mere Exposure Theory gave explanation on the effects of exposure to anti-smoking ads on the students' smoking perceptions and attitudes while the Availability Heuristics probed on the relationship

between recall of anti-smoking ads and the judgment that students made regarding smoking.

This study utilized qualitative and quantitative data gathering methods in order to satisfy the objectives of the study. A survey was randomly conducted among 400 NCR male high school students with the aim of determining the relationship between the NCR male high school students' exposure to anti-smoking advertisements and recall; and their perceptions and attitudes toward smoking. Data were obtained from students through the use of self-administered questionnaires. Two Focus Group Discussions divided to smokers and nonsmokers were conducted to give supporting data for the survey responses. The Pearson-r test was used to determine the correlation of the variables in the study.

The study has found that almost three in ten NCR male high school students had tried smoking and most of them started smoking at ages ranging from 12 to 14 years. The study found that for the students' knowledge on where to buy cigarettes, almost 60% NCR male high school students knew stores near their schools (within 100 meter-perimeter) which were selling cigarettes. Marlboro is the most recalled cigarette brand that has advertisements. Majority of the students did not know the RA 9211 yet they had high knowledge on some smoking policies.

There is generally a high susceptibility and severity of having smoking-related diseases as perceived by NCR male high school students. Thus the students perceived that they had a high-chance of acquiring very severe smoking-

related diseases. The findings assert the Availability Heuristics Principle which states “the tendency to judge the frequency or likelihood of an event by the ease with which relevant instances comes to mind” (Baumeister& Bushman, 2008). It seems possible that these results are due to the NCR male high school students’ high level of recall of anti-smoking advertisements which contain messages about the severity of having smoking-related diseases.

On the other hand, the general attitude of the students toward smoking was either positive or negative (neutral).

Surprisingly, though they have high self-efficacy of not smoking, almost 50% of the respondents have the likelihood to smoke for the next year and next five years. Having a clean environment followed by having a healthy body and favor from family were the most cited perceived benefits of not smoking by the students. While the peer pressure and the cheap price of cigarettes were highly perceived as barriers of not smoking.

Among the other sources of anti-smoking messages, the school is cited to be as the top source of information about anti-smoking followed by the family then the church.

The study has shown that when it comes to exposure to anti-smoking advertisements, majority of the students saw/heard these ads in health care facilities (clinics, hospitals, etc), TV and schools’ anti-smoking campaigns while only one-fourth of the NCR male high school students saw anti-smoking ads on

billboard. However, according to FGD results, the NCR male high school students were more exposed to cigarettes ads than anti-smoking advertisements.

This study has found that generally the NCR male high school students' recall of messages in and characteristics of anti-smoking advertisements was high. A vast majority of 80% of the students recalled at least one anti-smoking ads' messages and characteristics while almost 50% of them recalled at least five. The top three messages of anti-smoking ads that the students recalled were *"Government Warning: Cigarette smoking is dangerous to your health"*, *"Don't smoke/No smoking/Stop smoking/Be 100% smoke-free"*, and *"Smoking is prohibited in public places* (malls,schools,city,roads,etc)".

The major finding of this study was that there was a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes towards smoking. This relationship was found using the Pearson-r test where the correlations of the variables were computed. The reason behind this is not clear but it may have something to do with what the Mere Exposure Theory has proposed that the attitude change caused by the frequent exposure to stimulus is a positive one however too much repetition of exposure to that stimulus can reduce the effects to the preference of a person toward that stimulus (Izard, Kagan,&Zajonc,1984). In the case of this study, the stimulus is the anti-smoking advertisements. It was found out that the students have high exposure to anti-smoking ads; this exposure could be too much repetitive that it weakens the effect of the ads to the students' attitudes toward and perceptions of smoking. Aside from this, the participants of

the FGDs said that most of the anti-smoking ads that they saw had little effect on their perceptions of smoking. They also said that they saw more smoking ads than anti-smoking ads. They suggested that the anti-smoking ads should be more graphical, colorful, and many in order for these ads to have a great effect on them.

B. Conclusion

The purpose of this study was to determine the effects of the extent of exposure to anti-smoking advertisements and the recall of National Capital Region (NCR) male high school students to their perceptions of and attitudes toward smoking. The following conclusions can be drawn from this study, majority (71%) of the NCR male high school students are non-smokers however their general attitude toward smoking is neutral. Even though they have a high general perceived susceptibility and severity of having smoking-related diseases, almost half of the NCR male high school students have the likelihood to smoke in the next year and next five years. According to them, aside from the anti-smoking ads, their schools are their top source of information about anti-smoking followed by their families then their churches.

The NCR male high school students have high exposure to and recall of anti-smoking advertisements. The study has shown that when it comes to exposure to anti-smoking advertisements, majority of the students saw/heard these ads in health care facilities (clinics, hospitals, etc), TV and schools' anti-smoking campaigns.

However, there was a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes toward smoking. Using the Pearson-r test, the computed values of correlations were so small(r ranging from 0.1 to 0.2) in order for the variables to have strong correlations with each other. From these results, the first hypothesis that there is a significant relationship between the NCR male high school students' perceptions and attitudes toward smoking and their extent of exposure to anti-smoking ads and to other sources of anti-smoking messages is accepted. The second hypothesis which states that there is a significant relationship between the messages the students recalled from the anti-smoking advertisements and their perceptions and attitudes toward smoking is also accepted.

CHAPTER VII. IMPLICATIONS AND RECOMMENDATIONS

A. Implications

The findings of this study have important implications for developing Information Education and Communication health campaigns on smoking. Perhaps the most significant finding in this study is that there is a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes toward smoking. An implication of this is the possibility that the anti-smoking advertisements have only little effects on the students' perceptions of and attitudes toward smoking. This indicates a need for evaluating the effectiveness of the current anti-smoking advertisements for the NCR male high school students.

The study has shown that majority (71%) of the NCR male high school students are non-smokers yet their general attitude toward smoking is neutral. Surprisingly, almost half of the NCR male high school students have the likelihood to smoke in the next year and next five years even if they have a high general perceived susceptibility and severity of having smoking-related diseases. These findings enhance our understanding of the NCR male high school population's perceptions of and attitudes toward smoking hence these have important implications for the design of anti-smoking advertisements inside and out of NCR high schools. Anti-smoking advertisements may be tailored to the smoking perceptions and attitudes of the NCR male high school students as the target.

In addition, an implication of the finding that almost half of the NCR male high school students have the likelihood to smoke in the next year and next five years should be taken into account in the MMDA efforts in achieving the vision of a smoke-free

Manila. This is because of the possibility that one year to five years from now this number of students can add to the number of smokers in Metro Manila. According to the Health Belief Model, the person's likelihood to do a specific action can be a predictor of the person's behavior (Rosenstock, 1974). Hence efforts to put a stop to the increasing prevalence of smoking in youths should be made. Prevention measures are still always better than cure.

Finally, this study is a significant endeavor in promoting public health and proper law implementation of RA 9211 among the youths today. This law prohibits selling of cigarettes to minors as well as selling of cigarettes within the 100 meter perimeter of a school. The study found out that 61% of the NCR male high school students knew stores near their schools which were selling cigarettes. This provides incidental data that the law is not followed. This finding has important implications for improving the implementation of the RA 9211 in the country.

B. Recommendations

1. Theoretical Issues

The study uses the Health Belief Model (HBM) which is useful in predicting behaviors. The perceptions of the respondents are measured according to their perceived susceptibility, severity and threat of the disease as well as the perceived benefits and barriers that are affected by the modifying factors (age,sex,personality,knowledge). Another concept, self-efficacy is added to HBM, this is the person's view of his/her ability to do the recommended action. The study focuses on the perceptions and attitudes

of NCR male high school students toward smoking. The researchers want to know if there is any likelihood of behavior change based on the effects of exposure and recall of anti-smoking advertisement to their perceptions and attitudes toward smoking. The researchers suggest for future studies to use a theory that can cover attitude, knowledge, awareness and practice of the respondents that lead to behavior change. HBM does not clarify behavior or attitude change as likelihood of action.

Another theory used is the Mere Exposure Theory. To be able to measure exposure to anti-smoking advertisements, the researchers have decided to focus on the advertisements which the respondents are more exposed to and more familiar with. The theory states that the more you are exposed to something the more you become familiar with it. The theory says that at first people tends to like something that they always see yet overexposure to that something can also lead to people to dislike that thing. Hence the time element is very important in this theory. Thus the researchers recommend if this theory will be used again in a similar study, emphasize on the time the students' exposure to anti-smoking ads and try to find out how long will it take for the students' exposure to the anti-smoking ads before they will change their attitude toward the ads.

The last theory is the Availability Heuristics. The researchers have used this theory to obtain data from the top-of-the-mind recalling ability of the respondents. The data were gathered by asking the first thing that comes to the minds of the respondents about anti-smoking advertisements' messages and characteristics. With these, only those information readily available to the respondents' minds were used in the study. The type of recall used in this study was unprompted recall where the researchers didn't give any clue about anti-smoking advertisements hence the students just gave answers based on

how they understood anti-smoking ads .Future studies on this topic may involve the use of prompted recall based on the existing anti-smoking ads.

2. Methodological Issues

The study includes only NCR male high school students because of the data from Philippine Global Tobacco Report that majority of the smokers is male. The researchers suggest including female respondents for future studies. High school students were chosen to be studied because they were at the stage where the youths were experiencing maturity and changes not only physically but psychologically. Their ages also are in the stage where most youths start smoking. The researchers also think high school students are old enough to answer a 5 page questionnaire at ease. For future studies, the researchers suggest, if possible, to conduct research about smoking that engages elementary students. It is important to know the children's perceptions and attitudes toward smoking and their exposure and recall of anti-smoking advertisements. The children with ages 13 and below must also be equipped with information about smoking. Possible actions to protect the children's health must be done as early as possible. The researchers foresee the difficulty in conducting a related study to children because of the sensitivity of the issue of smoking just like sex and drugs. Yet if the study will be well done and planned for the appropriateness of the children as the subjects that research can greatly contribute to the anti-smoking efforts in decreasing smoking prevalence in the country.

The study found out that there was a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes towards smoking. Hence the researchers recommend for a qualitative study that will seek to answer the reasons behind this findings because the FGD findings in this study are so limited.

The researchers recommend a comparison of study to urban and rural areas. The study is conducted in Metro Manila. It is also better to include students from public and private schools in provinces. Since some of the systematic sampling stages in this study were not followed due to some limitations imposed by the school's authority, the researchers suggest a stricter random sampling in order to obtain higher level of representativeness in the data.

For the survey instrument, in the part where the recall to anti-smoking advertisements was asked, the researchers suggest to make the recall questions more specific in terms of the media used in the anti-smoking advertisements and their characteristics. Example: Describe the anti-smoking ads' messages and characteristics that you saw on: a. TV (include what channel) b. radio c. magazines (etc). This was for the better identification of the anti-smoking ads where the students were exposed too.

The researchers also recommend having a list of at least all anti-smoking ads that are circulating around NCR then have a similar study based on that list. From there, the researchers suggest to find out which of the anti-smoking ads in the list are effective in being a cue for the NCR male high school students to not smoke.

3. Practical Issues

The study found out that there was a weak correlation between the NCR male high school students' exposure to and recall of anti-smoking advertisements and their perceptions of and attitudes towards smoking. The survey results showed that the students' exposure to anti-smoking advertisements was high but their general attitude toward smoking was either positive or negative (neutral). This weak correlation may imply the ineffectiveness of the anti-smoking advertisements in which the students were exposed. The study also found out that less 50% of the NCR male high schools' students was knowledgeable of the smoking laws and dangers. Thus the researchers suggest that the Department of Education have an evaluation on the effectiveness of the anti-smoking advertisements inside the NCR secondary schools in disseminating anti-smoking information like the smoking laws and dangers. The same recommendation goes for the MMDA who is currently promoting 100% smoke-free Manila and to those Information/Education Health campaigns around the metro. Massive and effective anti-smoking advertisements especially made for the NCR high school students must be done in Metro Manila.

According to the FGD results, students saw more cigarette promotions and advertisements compared to anti-smoking advertisements. This suggests the need to have more anti-smoking advertisements.

In chapter I, it is said that this study is a significant endeavor in promoting public health and proper law implementation of RA 9211 among the youths today. According to RA 9211, selling of cigarettes to minors as well as selling of cigarettes within the 100

meter perimeter of a school is prohibited. The study through the awareness of the students on where to buy cigarettes found out that 60.5% of the NCR male high school students knew stores near their schools which were selling cigarettes. This provides incidental data that the law is not followed. There is, therefore, a definite need for stricter implementation of this law in places around NCR high schools.

Finally, this study aims to help government agencies like the DepEd and MMDA; and Non-Government Organizations (NGOs) who are promoting anti-smoking among the Filipino youths today; that through the findings of this study, the smoking prevalence among the Filipino youths today will be decreased thus diminishing the number of Filipinos that smoking will kill in the future.

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APPENDIX A. LETTER TO NCR SCHOOLS

Mr. Rizalino Jose T. Rosales
Officer-in-Charge of the Office of the Regional Director
Department of Education-National Capital Region

To whom it may concern:

Greetings!

We are Communication Research (Comm Res) students from University of the Philippines – Diliman and are currently enrolled in Comm Res 200 (Thesis). In line with this, we are doing a research entitled, **SmokeCheck: Effects of NCR male high school students' exposure to and recall of anti-smoking advertisements to their perceptions of and attitudes towards smoking.**

Our study primarily focuses on the possible effects of anti-smoking advertisements to the perceptions and attitudes of male high school students on smoking. Ten of National Capital Region (NCR) schools were selected randomly to participate in our study. The list of chosen schools is attached with this letter. We want to request permission from your good office to conduct a survey to 40 male students from first to fourth year levels. We would very much appreciate their thoughts and insights regarding the topic. Confidentiality of data will be ensured. If you have concerns regarding our study, please do not hesitate to contact us through the mobile number provided below.

Your kind consideration is highly appreciated. Thank you!

Sincerely,

_____
Joyce Aguillon
09059305552

_____
Precious B. Romano
09262889196

Noted by:

_____
Prof. Randy Jay Solis
Thesis Adviser

List of Chosen NCR Schools for the Study

NCR City	Public School	Private School
Mandaluyong	Bonifacio Javier National High School	Good Shepherd Christian School
Manila	Antonio Maceda Integrated School	San Rafael Parochial School
Malabon	Malabon National High School	St. Therese the Child Jesus Academy
Paranaque	Dr. Arcadio Santos National High School	Arandia Academy
Pateros/Taguig	Ricardo G. Papa Sr. Memorial High School	Colegio de Sta. Ana

APPENDIX B. SURVEY QUESTIONNAIRE

Questionnaire No: _____

Communication Research 200

University of the Philippines Diliman

INTRODUCTION

Magandang araw! Kami ay mga mag-aaral sa kursong Communication Research ng UP Diliman at kasalukuyang gumagawa ng aming thesis tungkol sa 'Exposure' at 'Recall' ng mga estudyanteng lalake sa sekondarya sa mga patalastas(advertisements) laban sa paninigarilyo. Lubos kaming nagpapasalamat sa inyong oras at sa mga impormasyong inyong maibabahagi sa amin. Makakaasa kayong ang lahat ng impormasyon ay mananatiling 'confidential' at gagamitin lamang para sa aming pag-aaral. Maari lamang na sagutan nang buong katapatan ang mga tanong.

PART 1.SMOKING PREVALENCE-Ang sumusunod na mga katanungan ay tungkol sa inyong paggamit ng sigarilyo/tabako. BILUGAN ANG LETRA NG IYONG SAGOT.

1. Nasubukan mo na ba ang magsigarilyo, kahit isa o dalawang hithit lang?
a. Oo
b. Hindi
2. Ilang taon ka noong una kang sumubok manigarilyo?
a. Hindi pa ako nanigarilyo kailanman
b. 7 taong gulang pababa
c. 8 o 9 taong gulang
d. 10 o 11 taong gulang
e. 12 o 13 taong gulang
f. 14 o 15 taong gulang
g. 16 taong gulang pataas
3. Nitong nakaraang 30 araw (1 buwan), ilang araw kang nanigarilyo?
a. 0 days (wala)
b. 1 hanggang 2 araw
c. 3 hanggang 5 araw
d. 6 hanggang 9 araw
e. 10 hanggang 19 araw
f. 20 hanggang 29 araw
g. 30 araw (araw-araw)
4. Nitong nakaraang 30 araw (1 buwan), ilang sigarilyo ang kadalasang nasisigarilyo mo?
a. Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan)
b. Mababa sa 1 sigarilyo kada araw
c. 1 sigarilyo sa isang araw
d. 2 hanggang 5 sigarilyo kada araw
e. 6 hanggang 10 sigarilyo kada araw
f. 11 hanggang 20 sigarilyo kada araw
g. higit sa 20 sigarilyo kada araw
5. Nitong nakaraang 30 araw (1 buwan), paano ka karaniwang kumukuha ng sigarilyo mo? (PUMILI LAMANG NG ISANG SAGOT)
a. Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan)
b. Binili ko sa tindahan/palengke/grocery/naglalako sa kalye
c. Binili ko sa tindahan na malapit sa paaralan
d. Nagpabili ako ng sigarilyo sa iba
e. Humingi ako sa iba
f. Ninakaw ko
g. Binigyan ako ng sigarilyo ng taong mas nakatatanda
h. Nakuha ko sa iba pang paraan

6. Nitong nakaraang 30 araw (1 buwan), anong brand o pangalan ng sigarilyo ang palagi mong sinisigarilyo? (PUMILI LAMANG NG ISANG SAGOT)
a. Hindi ako nanigarilyo nitong nakaraang 30 araw (1 buwan)

b. Walang particular na pangalan o brand
c. Marlboro
d. Philip Morris
e. Winston
f. Hope
g. Memphis
h. Others (Iba pa.Pakisulat:)_____

7. Sa nakalipas na 30 araw (1 buwan), gumamit ka ba ng ibang produktong tabako maliban sa sigarilyo
a. Oo
b. Hindi
8. Saan ka madalas naninigarilyo?(PUMILI LAMANG NG ISANG SAGOT)
a. Hindi pa ako nanigarilyo kailanman
b.Sa bahay
c. Sa paaralan
d. Sa trabaho
e. Sa bahay ng kaibigan
f. Sa mga pagtitipon
g. Sa mga pampublikong lugar (park, sa shopping center o mall, kanto)
h. Other (Iba pa)Pakisulat _____
9. May alam ka bang nagtitinda ng sigarilyo malapit sa inyong paaralan (sa loob ng 100 meter-perimeter)?
a. Meron
b. Wala

PART 2. SMOKING KNOWLEDGE

Ang sumusunod na mga katanungan ay ukol sa iyong kaalaman sa:(1) mga batas tungkol sa paninigarilyo, (2) panganib na dulot ng paninigarilyo at (3) Mga Smoking Ads&Promotions.

10. Alin sa mga sumusunod na batas ang "Tobacco Regulation Act of 2003 in the Philippines"?
a. RA 8111
b. RA 9211
c. RA 3063
d. RA 5312
e. Hindi ko alam
11. Ayon sa Tobacco Regulation Act of 2003 in the Philippines, bawal ang paninigarilyo sa mga pampublikong lugar tulad ng paaralan,simbahan etc.
a. Tama
b. Mali
c. Hindi ko alam

12. Ipinagbabawal sa batas ang pagtitinda ng sigarilyo sa mga kabataang may edad na 18 pababa
a. Tama
b. Mali
c. Hindi ko alam
13. Ayon sa Tobacco Regulations Act in the Philippines,,maaring magtinda ng sigarilyo sa lugar sa loob ng 100 meter perimeter ng paaralan.
a. Tama
b. Mali
c. Hindi ko alam
14. Ang First Hand Smoke ay ang usok na nalalanghap mula sa naninigarilyong malapit sa iyo
a. Tama
b. Mali
c. Hindi ko alam
15. Ang Second Hand Smoke ay ang usok na nakukuhang direkta ng taong naninigarilyo.
a. Tama
b. Mali
c. Hindi ko alam
16. Ang Third Hand Smoke ay ang mga naiwang kemikal mula sa upos ng sigarilyo
a. Tama
b. Mali
c. Hindi ko alam
17. Ang paninigarilyo ay nagdudulot ng mga malulubhang sakit tulad ng cancer, sakit sa puso, tuberculosis at emphysema.
a. Tama
b. Mali
c. Hindi ko alam
18. Ang mga taong nakakalanghap ng usok mula sa naninigarilyong malapit sa kanya ay higit pa ang panganib na magkaroon ng malulubhang sakit dulot ng paninigarilyo,kaysa sa mismong taong naninigarilyo.
a. Tama
b. Mali
c. Hindi ko alam

19. Ang paninigarilyo ay nagdudulot ng pagkabaog.
a. Tama
b. Mali
20. Ang usok mula sa paninigarilyo ay nakakasira ng ating kalikasan
a. Tama
b. Mali
c. Hindi ko alam
21. Kapag nanonood ka ng telebisyon, video o sine, gaano kadalas ka nakakakita ng artistang naninigarilyo?
a. Hindi ako nanonood ng telebisyon, sine o video
b. Madalas
c. Minsan
d. Sa aking panonood, wala pa akong nakikitang naninigarilyo
22. Mayroon ka bang gamit katulad ng t-shirt, panulat, bag, atbp. na may nakasulat/nakaukit/nakatahi na logo ng sigarilyo?
a. Meron
b. Wala
Kung meron,anong brand ng sigarilyo ito _____
23. Nitong nakaraang 30 araw (1 buwan), gaano ka kadalas nakakita ng brand ng sigarilyo sa tuwing nanonood ka ng mga programa o palabas sa telebisyon.
a. Hindi ako nanonood ng telebisyon
b. Madalas
c. Minsan
d. Wala akong nakita
Kung meron,anong brand ng sigarilyo ito _____

24. Nitong nakaraang 30 araw (1 buwan), ilang anunsiyo para sa sigarilyo ang nakita mo sa mga posters?
a. Walang posters sa amin
b. marami
c. kaunti
d. Wala akong nakita
Kung meron,anong brand ng sigarilyo ito _____
25. Nitong nakaraang 30 araw (1 buwan), ilang patalastas para sa sigarilyo ang nakita mo sa diyaryo o magasin?
a. Wala kaming diyaryo or magasin
b. Madalas
c. Minsan
d. Wala akong nakita
Kung meron,anong brand ng sigarilyo ito _____
26. Nitong nakaraang 30 araw (1 buwan), ilang patalastas para sa sigarilyo ang narinig mo sa radyo?
a. Hindi ako nakikinig ng radyo
b. Madalas
c. Minsan
d. Wala akong nakita
Kung meron,anong brand ng sigarilyo ito _____
27. Sa pagdalo mo ng mga torneong pampalakasan, perya, konsyerto o gawaing pangkomunidad, gaano kadalas kang nakakakita ng mga patalastas para sa sigarilyo?
a. Hindi ako dumadalo sa mga torneong pampalakasan, perya, konsyerto o gawaing pangkomunidad)
b. Madalas
c. Minsan
d. Wala
Kung meron,anong brand ng sigarilyo ito _____

PART 3. SMOKING ATTITUDE-Sa bahaging ito,nais naming malaman ang iyong saloobin sa ilang bagay-bagay na may kinalaman sa paninigarilyo

28. Gusto mo na bang tumigil sa paninigarilyo?
a. Hindi pa ako nanigarilyo kailanman
b. Hindi na ako naninigarilyo ngayon
c. Oo
d. Hindi
29. Sa iyong palagay, kaya mo bang humintong manigarilyo kung gugustuhin mo?
a. Hindi pa ako nanigarilyo kailanman
b. Hindi na ako naninigarilyo ngayon
c. Oo
d. Hindi
30. Ang paninigarilyo ay tumutulong sa tao upang magmuhang "cool" at "fit in"

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi sang-ayon
e. Lubos na di sang-ayon

31. Ang Smoking ban ay dapat ipatupad sa mga restaurants,pubs,bars at clubs.

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi sang-ayon
e. Lubos na di sang-ayon

32. Ang mga kabataang tulad mo ay hindi dapat manigarilyo.

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

33.Makakapagsigarilyo ka sa susunod na 12 buwan?

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

34. Maninigarilyo ka 5 taon simula ngayon.

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

35. Kapag sinimulan na ng isang tao ang manigarilyo, sa tingin mo ba'y mahihirapan na siyang tumigil?

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

36. Ang mga lalaking naninigarilyo ay nagkakaroon ng mas maraming nagiging kaibigan

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

37. Ang paninigarilyo ay nakadaragdag ng persnalidad sa isang lalake.

a. Lubos na sang-ayon
b. Sang-ayon
c. Walang opinyon
d. Hindi Sang-ayon
e. Lubos na di sang-ayon

PART 4 ANTI-SMOKING ADVERTISEMENTS-Sa bahaging ito,nais naming malaman ang iyong 'exposure' at 'recall' sa mga 'anti—smoking advertisements'

A. Exposure to Anti-Smoking Advertisements

38. Sa nakaraang 30 araw, may napansin ka bang mga patalastas/impormasyon tungkol sa panganib na dulot ng paninigarilyo at naghihikayat na ikaw ay hindi manigarilyo sa mga sumusunod?(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	Oo	Hindi
a.dyaryo,magazines		
b. TV		
c. radyo		
d. billboards		
e. monorails (MRT/LRT)		
f. sinehan		
g. health care facilities(clinics,ospital)		
h. malls		
i. Smoking Campaigns sa paaralan		
j. Bangketa/Gilid ng mga kalye		
k.Iba pa Specify:_____		

39. Gaano kadalas kang makakita/makabasa/makarinig ng anti-smoking advertisements sa mga sumusunod ?(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	Araw-araw	Minsan isang linggo	Minsan isang buwan	Bibihira	Hindi Kailanman
a.dyaryo,magazines					
b. TV					
c. radyo					
d. billboards					
e. monorails (MRT/LRT)					
f. sinehan					
g. health care facilities(clinics,ospital)					
h. malls					
i. Smoking Campaigns sa paaralan					
j. Bangketa/Gilid ng mga kalye					
k.Iba pa Specify:_____					

B. Recall of Anti-smoking Advertisements

40. Ano ang mga mensaheng natatandaan mo na ipinahahatid ng mga nakita/nabasa/narinig mong anti-smoking advertisements?(Ilagay ang lahat ng natatandaang mensahe)

1.
2.
3.
4.
5.

41. Ano ang itsura ng mga anti-smoking ads na nakita mo?Ilarawan ang iyong mga nakita/nabasa/narinig na anti-smoking advertisements. (Ilagay ang lahat ng natatandaan)

1.
2.
3.
4.
5.

PART 5. OTHER SOURCES OR CUES TO ACTION TO NOT SMOKE-Sa bahaging ito,nais naming malaman ang iyong 'exposure' sa iba mo pang pinagkukunan ng impormasyon sa anti-smoking maliban sa mga anti-smoking advertisements.

42. Sa nakaraang 30 araw, may nakuha ka bang mga impormasyon(e.g napag-uusapan,o itinuturo) tungkol sa panganib na dulot ng paninigarilyo at naghihikayat na ikaw ay hindi manigarilyo sa mga sumusunod?(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	Oo	Wala
a.pamilya		
b. barkada		
c. paaralan (mga guro,kamag-aral)		
d. simbahan		
e. kakilala		
f.Iba pa Specify:_____		

43. Gaano kadalas kang makakuha ng impormasyon tungkol sa panganib na dulot ng paninigarilyo at naghihikayat na ikaw ay hindi manigarilyo sa mga sumusunod? (Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	Araw-araw	Minsan isang linggo	Minsan isang buwan	Bibihira	Hindi Kailanman
a.pamilya					
b. barkada					
c. paaralan (mga guro,kamag-aral)					
d. simbahan					
e. kakilala					
f. Smoking program					
f.Iba pa Specify:_____					

PART 6. SMOKING PERCEPTION

Sa bahaging ito nais naming malaman ang iyong palagay tungkol sa ilang bagay-bagay na may kinalaman sa paninigarilyo..

A.Perceived Susceptibility

44. Ano ang sa tingin mong posibilid na ikaw ay magkasakit ng malubha dahil sa usok ng sigarilyo na iyong nalalanghap?
a. Napakataas
b. Mataas
c. Katamtaman
d. Mababa
e. Napakababa

45. Ano ang sa tingin mong posibilidad na ikaw ay magkaroon ng mga sumusunod na sakit na dulot ng paninigarilyo?(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

Uri ng Sakit	**Napakataas**	**Mataas**	**Katamtaman**	**Mababa**	**Napakababa**
a. Lung Cancer					
b. Tuberculosis					
c. Heart Attack					
d. Stroke					
e.Impotence(pagkabaog)					
f. Halitosis(Bad breath)					
g. Cataracts (katarata)					
h. Stomach cancer					
i. Leukemia					
j. Emphysema					
Iba pa: _____					

B. Perceived Benefits

46. *PARA SA MGA NANINIGARILYO*: Ang mga sumusunod ba ang mga nakikita mong dahilan kung bakit ka titigil sa paninigarilyo?
***PARA SA MGA HINDI NANINIGARILYO:* Ang mga sumusunod ba ang mga nakikita mong dahilan kung bakit hindi ka magsisimulang manigarilyo?**
(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	OO	HINDI
a. Upang mapabuti ang aking kalusugan		
b. Upang makatipid		
c. Dahil ayaw ng pamilya ko ang aking paninigarilyo		
d. Dahil ayaw ng mga kaibigan ko ang aking paninigarilyo		
e. Para mapangalagaan ang kalikasan		
Isulat ang iba pang mga dahilan:		

C. Perceived Barriers

47. *PARA SA MGA NANINIGARILYO*: Ang mga sumusunod ba ang mga nakikita mong dahilan kung bakit hindi mo magawang tumigil sa paninigarilyo ?
***PARA SA MGA HINDI NANINIGARILYO:* Ang mga sumusunod ba ang mga nakikita mong hadlang para mapanatili mo ang sarili mo na hindi naninigarilyo?**
(Lagyan ng tsek ang iyong angkop na sagot sa bawat letra)

	OO	HINDI
a. Dahil sa udyok ng aking mga kaibigan		
b. Dahil napakamurang bumili ng sigarilyo		
c. Dahil napakamurang bumili ng sigarilyo		
d. Dahil na-adik na ako sa paninigarilyo		
e. Dahil pampalipas oras ko ang paninigarilyo.		
Isulat ang iba pang mga dahilan:		

D. Perceived Seriousness

48. Kung sakaling ikaw ay magkakaroon ng sakit na dulot ng paninigarilyo, gaano kalala sa tingin mo ang magiging epekto nito sa iyo?
a. Labis na malubha
b. Napakalubha
c. Malubha
d. Bahagyang malubha
e. Hindi malubha
49. Gaano kalala sa tingin mo ang magigng epekto sa iyo ng mga sakit na dulot ng paninigarilyo, kung sakaling ikaw ay magkaroon ng mga sakit na ito(Lagyan ng tsek ang iyong sagot).

Uri ng Sakit	**Labis na malubha**	**Napakalubha**	**Malubha**	**Bahagyang Malubha**	**Hindi malubha**
a. Lung Cancer					
b. Tuberculosis					
c. Heart Attack					
d. Stroke					
e.Impotence(pagkabaog)					
f. Halitosis(Bad breath)					
g. Cataracts (katarata)					
h. Stomach cancer					
i. Leukemia					
j. Emphysema					
Iba pa: _____					

PART 7. SOCIO-DEMOGRAPHIC PROFILE

50. Pangalan(optional): _____**51.Edad**: ____

52. Paaralan: _____

Uri ng paaralan: ☐ public school ☐ private school

53. Lungsod ng Paaralan: _____

54. Antas sa Sekondaryang Paaralan *(Year Level):*

☐ *1st year high school*
☐ *2nd year high school*
☐ *3rd year high school*
☐ *4th year high school*

55. Buwanang Kita ng Pamilya (Lagyan ng tsek):

☐ P9,999 at pababa
☐ P10, 000 – P19, 999
☐ P20, 000 – P29, 999
☐ P30, 000 – P39,999
☐ P40, 000 – P49, 999
☐ P50, 000 at pataas
☐ Hindi ko sigurado

KATAPUSAN. Salamat sa partisipasyon

APPENDIX C. FOCUS GROUP DISCUSSION GUIDE

B. Focus Group Discussion Guide

I. Smoking Perceptions

1. What come to your mind whenever you hear the word smoking?
2. What do you think are the good sides of smoking?
3. What do you think are the dangers/threats of smoking?
4. Do you think you are vulnerable to these dangers? Why?
5. If you will be susceptible to these dangers, how serious do you think the effects will be for yourself?
6. What are the benefits of not smoking to you?
7. What do you think are the barriers for you to 'not smoke'?
8. What is the likelihood that you will not smoke now?
9. If yes, when did you start to smoke? Who influence you to smoke?
10. If no, what makes you to avoid smoking?
11. What is your view about youth smoking?

II. Recall of Anti-Smoking Advertisements

1.What are the anti-smoking advertisements that you know or familiar with?
2.Where do you see it?
3.Can you describe the anti-smoking advertisements that you know?
4.What are the specific characteristics of the advertisements that help you remember it?
5.Did it affect your perception on smoking?
6.If sa tingin mo kaunti lang ang mga anti-smoking ads?Ano ang mai-sa suggest mo na itsura ng mga anti-smoking ads?

III. Recall of Smoking Ads and promotions

1. What are the smoking Ads and promotions that you know or familiar with?
2. Where do you see it?
3. Can you describe the smoking Ads and promotions that you know?
4. What are the specific characteristics of the smoking Ads and promotions that help you remember it?
5. Do you participate in activities sponsored by tobacco companies? How?
6. Did it affect your perception on smoking?

APPENDIX D. FOCUS GROUP DISCUSSION TRANSCRIPTS

FOCUS GROUP DISCUSSION FOR SMOKERS AT MALABON NATIONAL HIGH SCHOOL

Transcription's legend:

F-FACILITATOR
S1-STUDENT 1
S2-STUDENT 2
S3-STUDENT 3
S4-STUDENT 4
S5-STUDENT 5
S6-STUDENT 6
S7-STUDENT 7
S8-STUDENT 8
S9-STUDENT 9
S10-STUDENT 10

F: ***Walang tama o maling sagot, so ano yung unang pumapasok sa isip nyo kapag naririnig nyo yung salitang paninigarilyo?***
S1: bisyo
S2: masama sa kalusugan
S3: Adik
S4: Adik!
S5: Tambay
F: *tambay, ano pa?*
S4: mabaho
S6: Di naliligo maam..
S4: Amuyin nyo mga bunganga nyan the,amoy yosi!

F: So ayan,ang susunod kong tanong,anu yung magagandang benepisyo ng paninigarilyo?Anu yung magagandang makukuha sa paninigarilyo?
S6: nakakatapang maam
S7: Nakakalakas ng loob
S4: Nagiging ganito ang mukha (joking,showing the face of S6)
(tumatawa ang iba)
F: *Meron pa ba?*
S6: Wala na..

F: Susunod,anu yung mga naiisip nyo na mga dangers ng paninigarilyo?
S4: namamatay..
S8: Magkakaroon ng sugat sa baga
S9: Magkakaroon ng sakit
S10: TB
F: *Magkakaroon ng sakit..*
(sabay sabay na magsasalita..)
F: *Sa tingin nyo ba di ba karamihan naman naninigarilyo..*
S4: wala wala
S1: madami..

F: Sige,sa tingin nyo ba pwede kayong magkaroon ng mga sakit na binanggit nyo kanina?
S6: Opo maam,pwede rin..
F: *Dahil sa paninigarilyo*
S2: opo!
F: *Bakit? Bakit sa tingin nyo pwede kayong magkaroon ng sakit na yun?*
S3: Dahil po sa ..back to the moon (joking, nagtawanan)
S5: Kapag sumobra pwedeng magkasakit

F: Kung sakaling magkaroon kayo ng sakit na ganito,ganu kalala sa tingin nyo?
S5: Mild lang
S7: Level 10
F: pinakamataas na level na ba yun?
S7: opo
F: *Meron pa ba?*
S4: Pag malala te,ganito na..(showing again the face of S6)
(nagtawanan)

F: Ano ba ang benepisyo ninyo ng hindi paninigarilyo?
S3: Magkakaroon ng ano..tao sa katawan (joking)
S7: Umayos kayo,nirerecord eh
F:*Ay de,anu yung benepisyo ng hindi paninigarilyo?*
S10: Ayun makakarinig
S9: Walang sakit
S8: presko
S5: Hindi bad breath
S4: Magiging ganun yung mukha (pointing someone who is handsome) pero pag nagyoyosi magiging ganito (pointing S6)
(magtatawanan)
F: *Ahm teka diba naranasan nyo ng manigarilyo,anu yung dahilan kung bakit..*
S10: mam di pa naming nararanasan yun (joking)

F: Anu yung dahilan kung bakit nahihirapan ang tao na itigil ang paninigarilyo?
S9: Kasi merong anu..nakakaadik
S8: Nagkakasakit..nagkakaroon ng sakit
S1: nasarapan
F: *Nagkakaroon ng sakit pag tinitigil..*
S2: Naglalaway!
F*: Naglalaway kapag tumitigil?anu pa?*
S3: Grabe yan dude!
(tawanan)
F: *Anu yung sa tingin nyong dahilan kung bakit nahihirapan*
S4: Nakakaadik
S7: Di nabubuo ang araw kapag hindi nakakapag-yosi
S8: bangag!

F: Anu pa..ayan..sumunod,anu yung sa tingin mong posibilidad para tumigil ka sa paninigarilyo?
S4: maam ito ang makakasagot jan (pointing S6)
F: *Bakit?bakit? Anu yung sa tingin mong posibilidad para tumigil ka sa paninigarilyo?*
S4: Alam ko alam mo yun eh (talking to S6)
F: *Meron ba?*
S6: Kapag may nagugustuhang babae maam..
S4: SI Agang..si Agang maam
S6: Kapag nagkakagusto sa babae maam..
F*: Kapag nagkakagusto sa babae*
S10: Kapag manliligaw
S8: Kapag may napaglilibangan na..

F: Meron pa ba kayong naiisip na dahilan?Kapag..para tumigil sa paninigarilyo.. **(sabay-sabay nagsasalita)**
S5: Kapag nadidisiplina
S6: Kapag walang filter maam haha
F:*Sunod,ilang taon ba kayong nagsimulang manigarilyo?*
S1: Ngayon lang
S2:onse
S1: Ngayon lang
S4: ito po kinder!
F: third year.. kinder? Ah thirteen..Ilang taon kayo nagsimulang manigarilyo?
S1: Ngayon lang maam
F: *Ngayon lang*
S9: Wag kayong maniwala,adik yan eh nauna pa sa papa nya yan eh (nagtawanan)

F: Sino ang naka-impluwensya sa inyong manigarilyo?
LAHAT: heto! (pointing to S6,tawanan)
S6: Ako? Ako? (tawanan)
F: *So barkada ang nakaimpluwensya sa inyo*
S8: opo maam
F*: Bukod sa barkada, meron pa bang ibang naka-impluwensya sa inyo?*
S5: teacher
F: *teacher??*
S5: tatay
F: *Tatay?ah anu pa..ahm sunod,anu yung pananaw nyo sa paninigarilyo ng mga kabataan ngayon?*
S1: Mayayabang
F: *Bakit mayayabang?*
S2: Kase feeling nila..
S1: Feeling nila malaki na sila
S2: Feeling nila manong na sila
S4: Pag nagyoyosi te ganun na ang mukha oh (pointing at S6)

S5: Practice makes perfect haha

F: So anu pa ang tingin nyo sa paninigarilyo ng mga kabataan ngayon?Meron pa ba kayong naiisip na..
S4: Maam yung isang third year naman daw ang sasagot..
S6: oo nga kayo naman..
F: *Yung susunod kong tanong ahm..meron ba kayong anti-smoking advertisements na nakita na?*
S3: maam English di ko maintindihan
S4: Meron
S8: wala pa
S7: wala pa
F:*Mga patalastas na naghihikayat para wag kang manigarilyo*
S10: Sa jeep,sa jeep
F: *Ano yung nakasulat sa jeep?*
S10: No smoking!
F: *No smoking..*
S9: Sa jeep lang te meron pero dito wala te..
F: *so sa school wala..*
S5: Sa public area
F: *so sa public area*
S3: Sa banyo (nagtawanan)
F: *So san nyo karaniwang nakikita yun?*
S6: Maam sa jeep
F: *Sa jeep talaga*
S1: Sa tricycle..
S5: Sa palengke
S4: Sa ospital
S10: Sa mall
S7: sa bahay

F: pwede nyo bang i-describe yung nakita nyong anti-smoking?Anu yung mga nakita nyo?
S1: Yung smoking bawal..
F: *Ano yung mga characteristics ng anti-smoking advertisements na nakita nyo..ng mga patalastas na nakita nyo na dahilan para matandaan nyo siya?*
S2: Sigarilyo na nakaganon (hand-gesture ng ‘x’)
F: *SIgarilyo nan aka-ekis,anu pa?Meron pa ba kayong nakikitang patalastas? Yun lang ang nakikita nyo?*
S6: Government Smoking is dangerous to your health..
F: *Saan nyo pala nakikita yung ganun?*
(medyo maingay)
S7: Sa ano,sa kaha ng sigarilyo maam
S4: ito oh isang kaha ng sigarilyo kada araw (pointing at S6)
(umayon lahat)
F: *so sa kaha ng sigarilyo,meron pa? saan nyo pa nakikita?*

S9: Sa may ano,sa may traffic enforcer..yung may bilog bilog na bawal manigarilyo

F: Susunod kong tanong,naapektuhan ba ng mga nakita nyo ang pananaw nyo sa paninigarilyo?
Lahat: Hinde
F: *Hinde?*
S5: Nonsense
F: *Walang epekto yun sa paninigarilyo nyo?*
S9: wala
F: Bakit walang epekto yun?
S4: Kase nagbebenta sila eh
F*: Kase nagbebenta sila so nakikita nyo rin*
S3: Anu po yun teh?

F: Sa tingin nyo ba konti lang ba yung mga anti-smoking advertisments,yung mga patalastas kaunti lang?
S7: Konti lang te
S10: kakapiranggot lang te
S2: tama
S9: iilan lang

F: Susunod kong tanong,konti na lang patapos na ako,anu yung mga smoking ads,mga patalastas na naghihikayat na manigarilyo na nakita nyo
S1: Marlboro
S8: Fortune
S5: Philip
S10:yosi astig!
F:*Yosi astig..yun yung nakasulat?*
S10: hahaha
S4: Meron ba nun?
S5: Adik na adik oh

F: Ano pa yung mga nakita nyo?Mga patalastas na naghihikayat para manigarilyo
S9: Wala naman eh
S5: yung mga palabas sa TV
F*:palabas sa TV*
S6: yung dangerous to your health
S7: cigarette smoking

F: yung mga naghihikayat na manigarilyo,meron na ba kayong mga sinalihan na mga activities kung saan ang sponsor eh mga sponsor ng sigarilyo?
S3: wala pa
S2: wala
Lahat: wala

F: Naapektuhan ban g mga patalastas na iyon yung pananaw nyo sa paninigarilyo?

S4: wala
S6: hinde

F: Sa kabuuan,ano ang mas marami kayong nakita..yung mga smoking advertisements o yung mga patalastas na anti-smoking?
S5: yung mga smoking advertisements
F: *Yung mga smoking advertisements?*
Lahat: oo
F: Last question ko na lang, huli na to..ahm panghuli kong tanong,ano ba ang mai-sa suggest nyo para maapektuhan kayo ng mga anti-smoking ads na patalastas?
S4: Wag nang magbenta maam
S7: Wag na silang magbenta ng sigarilyo
S10: Bakit bumibili ka?bakit bumibili ka?
S4: Naaakit..siyempre
S6: Nakakaakit noh?
F: *So sa tingin nyo eh wag na lang magbenta ng sigarilyo?*
Lahat: opo..
_____Katapusan_____

FOCUS GROUP DISCUSSION FOR NON-SMOKERS AT COLEGIO DE STA. ANA-TAGUIG

Transcription's legend:
F-FACILITATOR
S1-STUDENT 1
S2-STUDENT 2
S3-STUDENT 3
S4-STUDENT 4
S5-STUDENT 5
S6-STUDENT 6
S7-STUDENT 7
S8-STUDENT 8
S9-STUDENT 9
S10-STUDENT 10

F: Ano yung pumapasok sa isip nyo kapag naririnig nyo yung salitang "smoking"?
S1: paninigarilyo po
S2: tinagalog mo lang eh
F: anu pumapasok sa isip nyo kapag narinig nyo yung salitang "smoking"?
S3: tobacco
S4: sunog baga
F: meron pa ba?
S5: nakakamatay
F: nakakamatay..
S6: addictive
F: addictive..
S7: umiitim yung labi
F: umiitim yung labi,meron pa ba kayong naiisip?
S8: Maraming lason
F: maraming lason.
S9: Nakakasira ng hangin sa kalikasan
S10: Nakaka-cause ng halitosis
S3: Nakaka-immune (tawanan)

F: Nakaka-immune..meron pa bang ibang sagot?Susunod kong tanong,anu yung tingin nyong magagandang…benefits na nakukuha sa paninigarilyo
S3: wala po
S1: wala po
S6: wala ba?
S2:wala
(halos lahat sinasabing wala..)
S9: relaxing lang po relaxing..
S3: alam na alam ah
S8: nakakawala po ng problema
ILAN: alam na alam ah
S7: Bakit alam nyo yan ah?
F: Anu pa?meron pa ba kayong naiisip na magandang nakukuha?

S5: Nakakagaan ng loob
F: Nakakagaan ng loob,meron pa ba?
S6: gamot sa hika
F: gamot sa hika?talaga bakit mo nasabing gamot sa hika?
S6: joke lang

F: sige sunod naman,ani sa tingin mo yung mga dangers na dulot ng paninigarilyo?
S1: nakakamatay
S2: lung cancer
S5: nakakasunog ng baga
S4: magkakaroon ka ng TB
F: Magkakaroon ka ng TB
S7: asthma

F: asthma..meron pa ba?ayan ang susunod kong tanong sa tingin nyo ba may tendency ba na magkaroon kayo ng mga sinabi nyong sakit?
LAHAT: opo..
F: bakit?
S10: secondhand smoke
S8: secondhand smoke
F: second hand smoke
S3: si popeye (tawanan)
S1: May thirdhand po ba?

F: oo may thirdhand smoking, so yun yung dahilan nyo?ahh kapag kung sakali ba na magkaroon kayo ng sakit na to,ganu kaseryoso sa tingin ninyo ang maidudulot na epekto nito sa inyo?
S9: malala
F: malala
S2: mahirap
S3: mahirap magtrabaho
F: mahirap magtrabaho
S3: mahirap tigilan
S8: Masakit sa bulsa
F: Masakit sa bulsa (tawanan)
S4: Masakit sa wallet

F: Sige masakit sa wallet,meron pa ba?Sige susunod kong tanong ahh anu yung mga magagandang naidudulot ng hindi paninigarilyo sa inyo
S6: malusog
F: Malusog,anu pa
S2: mabuting kalusugan
S10: Hindi madaling mapagod
F: Hindi madaling mapagod,anung sabi mo?
S9: Nakakahinga ng maayos
S7: Mukhang matino yung tingin ng tao sa iyo

F:hmm
S5: good breath
F: hmm
S1: malusog na baga

F: Malusog na baga,meron pa ba kayong sagot? Sumunod..Ano sa tingin nyo yung mga nakakahadlang sa inyo para di kayo manigarilyo?parang nakakaakit sa inyo para manigarilyo,meron bang ganun?
S6: kaklase
S1: nakakaakit?
S4: barkada
S1: barkada
S7: tao sa tabi tabi
S4: kapitbahay
S1: nakakaakit
S5: mga tambay
F:tambay, adik meron pa ba?
S8: Mga malalakas ang loob
F: malalakas ang loob na?
S1: ito malalakas ang loob ng mga ito eh (pointing his classmates)
S2: pwede parents..
F: So barkada talaga yung nakakapaghikayat para manigarilyo?
ILAN: hindi naman
S6: pwede rin
S4: pwede rin
S8: sa TV
F: Sa TV,ano ba sa TV yung mga nakikita nyo?
S8: nakakaimpluwensya
F: Nakakaimpluwensya yung mga nasa TV
S1: nakaka-curious
F: Meron pa ba kayong sagot?
S1: wala na po.

F: Yung susunod kong tanong eh,ano sa tingin nyo yung probability na kayo ay manigarilyo?
S4: zero percent
F: Zero percent yung probability na manigarilyo kayo..
Lahat: zero percent
S1: pag tanda..
F: So naiisip nyo na pagtanda nyo eh maninigarilyo kayo?
S1: pwede
F: ahh susunod kong tanong ano ang pananaw nyo sa paninigarilyo ng mga kabataan ngayon?
S4: Broken family
S8: May malaking problema
S3: Broken-hearted

F: Anu yung mga anti-smoking advertisements na pamilyar ka o nakita mo na..isa-isa lang yung sasagot ah,taas muna ang kamay
S3: Government warning smoking is dangerous to your health
F: Meron pa ba?
S9: No smoking area
(tawanan)
S7: Smoking ban
F: Smoking ban, anu pa?
S4: Maam,sa jeep
S5: No smoking sign
F: Bukod sa "No smoking sign" meron pa ba kayong iba pang nakikitang anti-smoking?
S2: wala na
F: yung nagpapakita na parang may sakit ganun parang something like that
S10: Meron po yung may mga nakakatakot na mukha dun sa ano..yung parang sumabog yung mukha
F: owww..san mo siya nakita?
S10: Dun sa TV
F: sa TV
S10: yung poster siya na parang sumabog yung piccolo sa mukha pero nakasulat bawal manigarilyo
(tawanan)
S2: yung poster na maraming sakit kabilang nang maraming kanser
F: May nakita na ba kayong ganun din? Yung poster na maraming sakit?
IBA: opo..
S10: Makita lang yung mukha ng kaklase ko eh napapatigil na ako
S1: Sa barangay hall
F:posters..san nyo nakita yung mga posters?
S1: sa barangay hall
S5: sa gym
S6: sa ospital
F: So iyun lang ang nakikita nyo, sa TV meron din ba kayong nakikita?
S9: wala..
S10: channel 13
F: channel 13? Anu yung sa channel 13
S10: yung pumipigil po satin na manigarilyo
S1: smoking channel? (tawanan)
F: Meron pa ba kayong naiisip na anti-smoking advertisements na pamilyar kayo?
LAHAT: wala nap o
F: Wala na,susunod ko naming tanong ay ahm naapektuhan ban g mga nakita mong anti-smoking advertisements yung mga pananaw nyo about smoking?
LAHAT: opo,opo..
F: Sa kabuuan,marami bang anti-smoking advertisements na nakakalat?
LAHAT: kaunti lang po..kulang po kulang
S7:..kulang
F: So kaunti lang,bakit kaunti lang,so bibihira kayong makakita nito?

LAHAT: opo
S4: parang pili lang po kasi yung lugar na nilalagyan nila ng ganun

F: So sa tingin ninyo ano ang mai-sasuggest nyo sa ganito..kung magkakaroon ng mga anti-smoking advertisements pa..Ano ang maisa suggest nyo?
S10: Lagyan ng picture ng mga naninigarilyo
S2: Dapat ikalat sa buong parte ng Pilipinas ,merong batas na isinusulong..
S4: Iboto nyo si Frankie
Lahat: wuhoo
S8: For president!
S1: Dapat magkaisa,unity lang
S8: cooperation
S1: Ayun te,yun yung gusto kong sabihin
F: Meron pa ba kayong ibang sagot?
S1&S10: wala na po
F: May naisip ba kayo na design dapat ng anti-smoking advertisements?
S1&S4: meron po..opo
S4: picture nya (joking)..sigurado walang maninigarilyo
(tawanan)
S5: yung naninigarilyo "kung ayaw mong matulad sakin" may picture ng sakit..
F: owww sige..next naman,konti na lang to..patapos na
S1: habaan mo pa te
S3: Habaan nyo pa
LAHAT: habaan nyo pa

F: Meron ba kayong nakitang smoking advertisements,yung nagpropromote naman ng paninigarilyo?
LAHAT: yes yes,marami
S7: yan ang marami
S3: Marlboro maam
F: Sa TV?
S2: Yung sa Winston yung nakasakay sa kabayo
S8: ikaw yun (tawanan)
F: Meron pa ba ngayon sa TV?
LAHAT: Wala na po
S9: sa palabas
S4:wala na po, sa mga kalendaryo na lang
F: Sa palabas at kalendaryo?
S4: sa kalendaryo yung mga nakikita ko sa kalendaryo
S9: yung sa "So Lucky"
S2: yung sa notebook
F: Sa notebook, anu pa?saan pa?
S1: sa food chain po

F: Tapos ahm,anu yung mga characteristics ng smoking ads na nakita nyo?

S5: colorful
F: colorful,anu pa?(tawanan)
S6: Meron silang anu,may promo sila
S2: either merong kabayo o babae
F: So karamihan,posters ba itong nakikita nyo
S9: kadalasan po
LAHAT: kadalasan..

F: So kumpara sa anti-smoking ads,anung mas maraming nakikita nyo.. anti-smoking ads o smoking ads?
LAHAT: smoking..

F: Ahm nakapagparticipate na ba kayo sa mga concert kung saan ang sposors eh mga tobacco companies?
S1: hindi pa po..
LAHAT: Hindi pa po
F:So ang tanong ko,panghuling katanungan
LAHAT: awwww
S1: konti pa ate
F: Yung huli kong katanungan ay naapektuhan ban g mga smoking advertisements na nakita nyo yung pananaw nyo sa paninigarilyo?
LAHAT: Hindi..hindi pa rin
F: SO talagang hindi maganda sa inyo ang paninigarilyo?
S4:depende na lang
S9: Ayokong mapaso ako
_____KATAPUSAN_____