



UNIVERSITI PUTRA MALAYSIA

***A STUDY ON THE RELATIONSHIP BETWEEN SMOKING CUES IN
ANTISMOKING ADVERTISEMENTS AND SMOKING URGE AMONG
SMOKERS***

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BY

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**Thesis submitted in fulfilment of the requirement for the degree Bachelor
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and Health Sciences, Universiti Putra Malaysia**

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ABSTRACT

A STUDY ON THE RELATIONSHIP BETWEEN SMOKING CUES IN ANTISMOKING ADVERTISEMENTS AND SMOKING URGE AMONG SMOKERS

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Background: According to the literature in the west, it have reported that a large number of antismoking public service announcement (PSA) or advertisements (ads) carry with it smoking cues can elicit smoking urge among smokers. Antismoking PSAs in Malaysia have smoking cues but have yet to be studied for its effects on smoking urges. **Objective:** The objective of this study is to determine the association of smoking cues presented in anti-smoking PSAs with smoking urge. **Method:** Anti-smoking video advertisements used are derived from "Tak Nak!" campaign, downloaded via "YouTube" on the internet. Three series videos ads with smoking cue and without smoking cue being selected in this assessment which then tested for elicitation of urge to smoke in a sample 100 (n = 100). Participants completed standard self-report measures of cigarette craving after anti-smoking video presentation. **Result:** Self-reported assessment in this study showed respondent does not indicate any addiction to smoking after anti-smoking video presentation. However, the changes psychological perception of respondent seen, whereby respondents do not want to stop from smoking (p = <0.0001) but trying to quit after video presentation with significant value. Respondents believe looks cooler (p = 0.028) after video the assessment even know smoking harms to others Respondent also admits that they cannot control themselves from smoking in state of anxious or stressed (p = 0.003). Respondents also claimed that the video presentation have manipulated their feelings towards smoking (p = <0.0001). Apart from that, the respondents still consider smoking is important and necessity for their lives (p = <0.0001). **Conclusion:** Therefore, smoking cues should not be placed in the anti-smoking video preferably as it was feared that some smokers misinterpreted the actual message delivered for each reception of messages for each person is different.

Keywords: Smoking cue, Smoking urge, Public service announcement

ABSTRAK

KAJIAN MENGENAI HUBUNGAN ANTARA ISYARAT MEROKOK DALAM IKLAN ANTIMEROKOK DAN KEINGINAN MEROKOK DI KALANGAN PEROKOK.

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Latar belakang: Menurut kajian di barat, telah melaporkan bahawa sebilangan besar perkhidmatan awam pengumuman atau iklan anti-merokok yang mempunyai isyarat merokok boleh mencetuskan keinginan merokok di kalangan perokok. Iklan anti-merokok di Malaysia tidak terkecuali kerana mempunyai isyarat merokok tetapi masih belum dikaji untuk kesannya terhadap keinginan untuk merokok. **Objektif:** Objektif kajian ini adalah untuk menentukan hubungkait isyarat merokok dalam iklan anti-merokok dengan keinginan merokok. **Kaedah:** Video iklan anti-merokok yang digunakan diperoleh daripada kempen “Tak Nak!” yang telah dimuat turun melalui laman “YouTube” di internet. Tiga siri video iklan dengan isyarat merokok dan tanpa isyarat merokok dipilih dalam penilaian ini yang kemudiannya diuji untuk keinginan merokok pada sample 100 orang ($n = 100$). Responden kemudian melengkapkan standard laporan keinginan merokok selepas tayangan video anti-merokok. **Keputusan:** Laporan keinginan merokok menunjukkan responden tidak ketagih dan ingin untuk merokok selepas tayangan video anti-merokok. Walaubagaimanapun, perubahan persepsi psikologi responden dapat dilihat, di mana responden tidak akan berhenti merokok ($p = <0.0001$) tetapi akan cuba untuk berhenti selepas tayangan video. Responden percaya tampak lebih hebat ($p = 0.028$) selepas tayangan video walaupun akui rokok memudaratkan orang lain terutamanya kanak-kanak. Responden juga melaporkan bahawa mereka tidak dapat mengawal diri daripada merokok jika berada dalam keadaan gelisah atau tertekan ($p = 0.03$). Responden juga mendakwa bahawa tayangan video the memanipulasikan perasaan mereka terhadap merokok ($p = <0.0001$). Selain itu, responden masih menganggap merokok adalah penting dan menjadi keperluan bagi kehidupan mereka ($p = <0.0001$). **Kesimpulan:** Oleh itu, isyarat merokok sebaik-baiknya tidak perlu diletakkan di dalam video anti-merokok kerana dikhuatiri sesetengah mesej sebenar disalah tafsir oleh perokok kerana setiap penerimaan mesej bagi setiap orang adalah berbeza.

Kata kunci: Isyarat merokok, keinginan untuk merokok, Pengumuman perkhidmatan awam

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LIST OF ABBREVIATIONS

ADS	Advertisement
ANS	Autonomic Nervous System
ETS	Environmental Tobacco Smoke
FTND	Fagerstorm Test of Nicotine Dependence
HSCIC	The Health and Social Care Information Centre
MNWQ	Minnesota Nicotine Withdrawal Questionnaire
MOH	Ministry of Health
NHMS	National Health Morbidity Survey
PSA	Public Service Announcements
SOP	Standard Operating Procedure
UK	United Kingdom
UPM	Universiti Putra Malaysia
US	United States
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Background

Smoking has been regarded as a global disease with serious implications on the health of individuals, especially to non-smokers, the health system of a country, and economic well-being. More than 70% of deaths from lung, trachea and bronchus cancers are attributable to tobacco use. Continue of tobacco use will kill more than 8 million people per year by 2030 (World Health Organization or WHO). Smoking adversely affects not only the smokers themselves but also non-smokers from their exposure to Environmental Tobacco Smoke (ETS) (WHO, 1999).

Adverse respiratory health outcomes among adults associated with smoking includes heart disease (John *et al.*, 2003), cancer (Christopher *et al.*, 2006) and clogged blood vessels (Piotr *et al.*, 2006). This is a major cause of death in Malaysia. A fact that should be known is that nicotine which is an addictive substance is not the agent of causing cancer. The nicotine in the cigarettes can cause cardiovascular problem. Other substances in cigarettes are tar (which cause cancer) and carbon monoxide (which cause cardiovascular illness). Risk of smoking cigarettes can cause disease such as: (1) mouth, bladder and lung cancer, heart disease, respiratory illness such as: chronic bronchitis and emphysema (stroke), (2) other aches; ulcers peptic and complication during pregnancy (Stephanie, 2005).

There are 1.2 billion smokers globally with more than 50% of these under the age of 21 years (Al-Sadat *et al.*, 2010). Within the South East Asian countries, there are 600 million tobacco users (50% of the total world burden of tobacco users). In Malaysia, of five million smokers, 20% are younger than 18 (Mannino, 2002). The distributions of smokers were five times highest among males compared to females (WHO, 2011).

Recent literature have showed evidence that, although deaths from smoking in developed countries is expected to decline, among developing countries, deaths from smoking is projected to increase to about 7 out of every 10 deaths (Hitchman, 2011). The significant changes from developed to developing countries was because

of their effective of awareness campaigns about the dangers of smoking (WHO, 2013).

In terms of new smokers, if an individual avoid getting into the habit of smoking, the individual will most likely will not smoke in the future (Regina, 2012). Research have shown that most smokers attempted before the age of 25 while 8 out of 10 young people in developed countries will start smoking during adolescence (WHO, 2013).

For existing smokers, smoking is difficult to curb for those who are already in the habit. Recent studies in the United Stated (US) published in 2000 showed that the nicotine in cigarette may be more addictive compared to heroin and alcohol (Henningfield, 2006). According to this study, more than 50% of smokers who smoke cigarettes every day will be addicted to cigarettes. If tried for the first time, there is the possibility of 32% of users will become addicted to cigarettes compared to 23% of heroin, 16% of cocaine and 15% of alcohol. Based on this study, it is important to note that smoking attempt especially during adolescence will likely cause addiction. The explanation on the mechanism of addiction needs to be explained to youths so that danger of smoking will not be underestimated.

The government has taken steps to curb the initiation of smoking and also to reduce the number of existing smokers (Ministry of Health, 2004). Under the control of Tobacco Product Regulation 2004, several measures were introduced (Food Act, 1983). The sales of cigarettes were banned to youth under the age of 21. Cigarettes were also only available in large packs of 20s and higher taxes for cigarettes were imposed to make it unaffordable to youths. From the regulation, quit smoking clinics have been initiated and partial-smoke free legislation in a number of 22 public spaces as listed out in the regulations have been introduced.

The most prevalent effort shown by the government to curb smoking habits and the effects of passive exposure to smoke was the development of health promotions in term of public service announcements (PSA) or advertisements in the main stream media. The PSA is called the “*Stop Smoking!*” or “*Tak Nak!*” campaign organized by the Ministry of Health (MOH) in 2004 has already cost millions of ringgit in their promotion to address this problem. The “*Tak Nak!*” campaign was made widely visible to Malaysians in both rural and urban areas through the mass media. There were evidences that the “*Tak Nak!*” campaign had brought fear for smoking and had influenced smokers about quitting and had reduced the likelihood of smoking uptake among non-smokers, particularly adolescents. The National Health Morbidity Survey (NHMS) III in 2006 noted that there was a reduction in smoking in all groups (adult smokers from 24.8% to 22.8% and adolescent smokers from 11.7% to 8.7%).

Despite all the efforts, the number of smokers now has continued to show an upward trend. Thus the control measures to curb smoking especially among young adults should be intensified to prevent morbidity and mortality. Therefore, research on the effectiveness of health promotion in Malaysia should be tested because health promotion is the first step or the first stage in overcoming this smoking habit among smokers.

1.2 Problem Statement

Control measures to curb smoking especially among young adults should be intensified. Therefore, the antismoking campaign "*Tak Nak!*" developed by the government and health official since 2004 is among the positive efforts towards curbing the smoking habit and is worthy of praise. The campaign focuses on the adverse effects of smoking in order to infuse negative perception in the minds of smokers. The government expect that through this campaign smokers are aware and their perception can be changed in order to shift their smoking behaviour to not smoke. The advertisements were created to be adapted to the population of adult (father who have kids) and youths.

Despite all the efforts, the percentage of the recent NHMS in 2011 reported adult smoking prevalence of all tobacco products were 25%. This means that one in every four adults is a smoker. The prevalence is high when compared to other country such as the United Kingdom or UK where smoking prevalence is

approximately 20% (The Health and Social Care Information Centre or HSCIC, 2012). To make matters worse, it is a worrisome fact that one out of four smokers in Malaysia is an adolescent from total smokers.

Why is this happening? Effectiveness of smoking campaigns in the media may likely be one of the missing links. According to the literature in western countries, a large number of antismoking PSA or advertisements carry with smoking cues such as: (1) object associated with smoking, (2) holding and handling cigarettes and actual smoking behaviours (Sungkyoung, 2010) which can elicit smoking urge among smokers (Tiffany, 1995). This study indicates that instead of imparting connotation of negative perception on smoking, the smoking cues in the antismoking PSAs may elicit smoking urge among smokers.

General observations on the advertisement of "*Tak Nak!*" campaign, apart from the adverse effect of smoking, smoking cues are also being displayed. Figure 1 present one of the common advertisement under the "*Tak Nak!*" campaign. There have been no studies reported on the association between smoking cues and smoking urge on behaviour. The presence of smoking cues might be the reason why "*Tak Nak!*" campaigns were not fully effective to reduce the number of smokers because the actual messages were unintentionally misinterpreted by the smokers.



Figure 1.1: Example of ads from “Tak Nak!” campaign contain smoking cues

1.3 Study Justification

The government has experienced many obstacles in the fight against smoking practices. One of obstacles is the influence of mass media, especially advertising. The influence of advertising is the most difficult thing to control by the government. The government has banned cigarette advertising on display in the media, either in print media or in electronic media. In addition, weak enforcement is also an obstacle that restricts the government efforts in the fight against smoking. This scenario has resulted in smoking practices to become more wide spread.

Among one of the reasons the government effort has been failing have been associated with the attitude of the smoker itself. Although they are aware of the dangers of cigarette smoking these smokers continue to smoke as the adverse effects of smoking is not acute but is chronic. Meanwhile, some smokers are already addicted to cigarettes and difficult to stop even after trying several times. Most smokers also do not intend to quit and thus individual determination is needed because there is no most effective way to stop addiction.

Due to the influence of mass media especially advertising is very important; the anti smoking advertisements from “*Tak Nak!*” campaign need to be tested. The visual media such as video or picture with smoking cue and without smoking will be studied. Smoking cues consist of the: (1) mere presence of smoking-related material, (2) holding and handling of a cigarette without smoking it and (3) actual smoking cigarette. All these cues are believed to elicit smoking urge among smokers.

The outcomes of this study hoped to help to improve the PSA in anti-smoking in health promotion context in the future to effectively curb smoking habits. In addition, this study also showed consumer reaction, particularly among adolescents against acceptance of the PSA tested. Thus, the findings of this study are expected to show and determine the root cause of this problem so that it can be dealt with more efficiently and effectively. This study will be the only current study to fulfil the knowledge gaps which exist.

1.4 Conceptual Framework

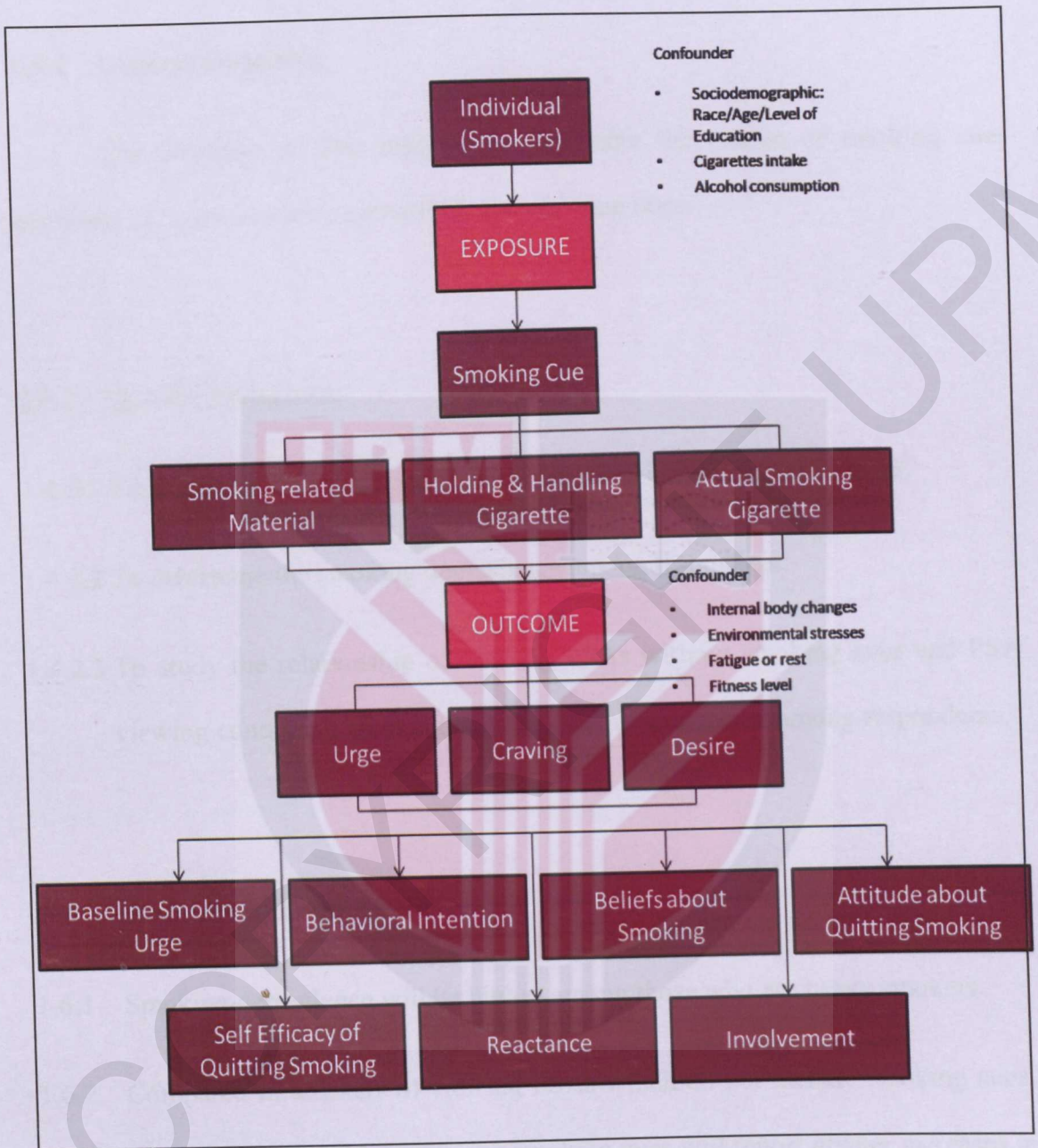


Figure 1.2: Conceptual Framework of smoking exposure and smoking urge

1.5 Study Objective

1.5.1 General Objective

The objective of this study is to determine the effects of smoking cues presented in series of anti-tobacco PSA and smoking urge.

1.5.2 Specific Objectives

1.4.2.1 To determine the social demographic distribution among respondent.

1.4.2.2 To determine the smoking dependence among respondent.

1.4.2.3 To study the relationship of viewing PSAs without smoking cues and PSA viewing containing smoking cues and the urge to smoke among respondents.

1.6 Study Hypothesis

1.6.1 Smoking dependence will be higher among those who are heavy smokers.

1.6.2 Compared to smokers of viewing PSAs which do not include smoking cues, those who view PSA containing smoking cues will report greater increases in smoking urges.

1.7 Conceptual Definition

1.7.1 Smoking Urge

Urge is something to drive with incitement to speed or effort. Urge also can be define as; to endeavour to induce or persuade, as by entreaties; entreat or exhort earnestly. Urge can be define as desire (Kozlowski *et al.*, 1989).

1.7.2 Public Service Announcement (PSA)

A public service announcement is an advertisement that a television or radio station air for a cause or a charity. Public service announcements are not paid advertising. A broadcaster donates the ad time as part of its commitment to serve the public interest. Usually, the public service announcements were aired during weaker time slots. Stations for example use these announcements as fillers during commercial break. Some stations make a decision to devote certain number of ad slots to PSAs, particularly for a campaign that has local impact. (Craig, 2001).

1.7.3 Smoking Cue

Smoking is defined as one of the following visual scenes: (a) objects associated with smoking, (b) holding or handling cigarettes, and (c) actual smoking behaviours. (Sungkyoung, 2010).

1.8 Operational Definition

1.8.1 Smoking Urge

In this study, the smoking urge meant is smoking urge that being trigger from viewing the antismoking videos ads selected. This smoking urge will be measured through questionnaire for self-reported desire.

1.8.2 Public Service Announcement (PSA)

In this study, antismoking video advertisements used are derived from “*Tak Nak!*” campaign that is downloaded via “YouTube” on the internet. Three videos ads with smoking cue and three videos ads without smoking cue being selected in this assessment.

1.8.3 Smoking Cue

In this study, antismoking videos from “*Tak Nak!*” campaign contain smoking cue and without smoking cue will be tested to the respondent.

Smoking cues can be generally defined as those that are related to cigarette smoking or the use of other tobacco-related products. Various smoking cues have been used in cue reactivity studies as conditional stimuli to elicit conditioned responses from smokers. Smoking cues can be very different categories based on duration, intensity, and location.

CHAPTER 2

LITERATURE REVIEW

2.1 Cue Reactivity

Cue reactivity refers to the phenomenon that drug addicts can have cognitive psychological (self-reported urge, drug-related expectancies, self-efficacy beliefs and information processing) or behavioural reactions (drug seeking and use behaviour) after exposure to drug-related cues. Drug cue reactivity represents all forms of these responses and one should take into account of all these forms of reactions simultaneously when examining cue reactivity (Tiffany, 1995). The effects of cue exposure are most widely studied. However the cue effect on behaviours is the least studied. Hence, the link between cue exposure and drug seeking use behaviour after exposure may or may not be justified (Tiffany, 1995).

2.2 Smoking Cue

Smoking cues can be generally defined as cues that are related to cigarette smoking or use of other tobacco-related products. Various smoking cues have been used in cue-reactivity studies as conditioned stimuli to elicit conditioned responses from smokers. Smoking cues can be put into different categories based on different conceptualization.

More broadly, one can classify smoking cues based on the source of their initiation. Smoking cues may be internal, that is the bodily indication and reflection of urge to smoke, including negative effect, lost of concentration, and so on. Smoking cues can also come from external environment. Environmental smoking cues are often operational as: (1) in vivo smoking-related materials, e.g., a pack of cigarettes and ashtrays (Carter *et al.*, 2006); (2) holding and handling of cigarettes without actually puffing it (Erblich *et al.*, 2004), (3) puffing without inhaling (Raw *et al.*, 1980), (4) hearing audio scripts describing the situations and feelings associated with having a cigarette and imagining oneself in such situation (Maude-Griffin *et al.*, 1996); (5) watching others smoking on a videotape or photos (Erblich *et al.*, 2004); and most recently, (6) experiencing a smoking environment in virtual reality (Lee *et al.*, 2003). All these manipulations have been found to elicit smoking urge.

Smoking cues can also be classified based on the time of their occurrence during a smoking process which are: (1) Exteroceptive cues (cues that occur before

inhaling of cigarette), (2) Interoceptive cues (cues that occur during inhaling) and lastly (3) withdrawal-effect cues (effects resulted from withdrawal from smoking and often occur many hours after the initial smoking session).

Another way to classify smoking cues is to examine the format of the cue presentation. The same smoking cues can be presented through either live action (e.g., in vivo) or visual media (e.g., video or photos), or audio description and imagination (i.e., imaginary approach) or even in virtual reality (Bordnick *et al.*, 2005).

Smoking cues can also be categorized based on the explicitness of smoking behaviour. For example, a smoking cue can be the presence of a cigarette (Carter *et al.*, 2006), holding and handling of a cigarette (Sayette *et al.*, 1994), or actual smoking behaviour.

2.3 Smoking Urge

Smoking urge is a type of drug urge that is specifically related to or initiated by smoking cues. Conceptualization of drug urge is first derived from research on opiate addiction, cocaine addiction, and alcoholism. Urge is a desire to use substance (Rohsenow *et al.*, 1992) with parallel manifestations in self-reported desire, drug-use behaviour and some characteristic pattern of autonomic nervous system (ANS)

response (Tiffany, 1990). Autonomic nervous system parameters such as (1) skin potential and resistance, (2) skin temperature, (3) blood flow; (4) instantaneous heart rate and (5) instantaneous respiratory frequency are quantified by original techniques and indices. Results show that ANS responses correlate with mental imagery. Imagery contents influence autonomic responses, thus making it comparable to real activity (Deschoumes-Molinario *et al.*, 1992). Smoking urge, in particular, is found to be “the most fundamental and difficult problem for smokers who are trying to quit” (Russell, 1988).

2.4 Cue-elicited Urge

Cue-elicited urge refer to phasic surge of smoking urge that is often elicited by environmental smoking cue. Some researchers also label it as “cue-provoked craving” (Waters *et al.*, 2004) or “episodic craving” (Shiffman, 2000). In both terms, the word “cue” is used solely to refer to external or environmental cues. Cue-elicited urge can be refer as smoking urge elicited through exposure to smoking cues.

Table 2.1: Summary of related Studies.

Scope	Author	Main Findings
Cue Reactivity	Tiffany, 1995	The role of cognitive factors in reactivity to drug cues
Smoking Cues	Carter <i>et al.</i> , 2006	A psychometric evaluation of cigarette stimuli used in a cue reactivity study
	Erblich & Bovbjerg, 2004	In vivo versus imaginal smoking cue exposures: Is seeing believing?
	Raw & Russell, 1980	Rapid smoking, cue exposure, and support in the modification of smoking.
	Maude-Griffin & Tiffany, 1996	Production of smoking urges through imagery: The impact of affect and smoking abstinence
	Lee <i>et al.</i> , 2003	Experimental application of virtual reality for nicotine craving through cue exposure
	Bordnick, Traylor, Graap, Coop, & Brooks, 2005	Virtual reality cue reactivity assessment: A case study in a teen smoker.
	Sayette & Hufford, 1994	Effects of cue exposure and deprivation on cognitive escrouces in smokers

Smoking Urge	Rohsenow <i>et al.</i> , 1992	Cue elicited urge to drink and salivation in alcoholics: Relationship to individual differences
	Tiffany, 1990	A cognitive model of drug urges and drug-use behaviour: role of automatic and nonautomatic processes
	Russell, 1988	Nicotine replacement: The role of blood nicotine levels, their rate of change, nicotine tolerance
	Deschoumes-Molinaro <i>et al.</i> , 1992	Autonomic nervous system response patterns correlate with mental imagery.
	Waters <i>et al.</i> , 2004	Cue-provoked craving and nicotine replacement therapy in smoking cessation
Cue-elicited Urge	Shiffman, 2000	Comment on craving

3.1 Study Population

The population of this study is comprised among the workers and students of UPM, Serdang Campus. Workers and students in consists of those who work or study respectively in UPM, Serdang Campus.

CHAPTER 3

3.1 Sample Size Calculation

The sample size of this study comprised of the workers and students who

work or study in UPM, Serdang Campus. The sample size calculation using

the following formula:

METHODOLOGY

3.1 Study Location

The study was conducted at Universiti Putra Malaysia (UPM), Serdang Campus. These studies have focused only on UPM.

3.2 Study Design

An Experimental Study Design was conducted to test the cause and effects of relationships between smoking cues in anti smoking ads and smoking urge among workers and students in UPM, Serdang Campus. The experimental study design selected for this study to test whether the hypothesis is accepted or rejected.

3.3 Study Population

The population of this study is comprised among the workers and students at UPM, Serdang Campus. Workers and students is consists of teens and adults who work or studies respectively in UPM, Serdang Campus.

3.3.1 Sample Size Calculation

The sample size of this study comprised of the workers and students who work or studies in UPM, Serdang Selangor. The sample size is determined by using the following formula (Kirkwood, 1988).

$$N = \frac{p(1-p)}{e^2}$$
$$N = \frac{0.44(1-0.44)}{(0.05)^2}$$
$$= 98.56$$
$$= 100 \text{ respondents}$$

Where;

N = Sample Size

P = Prevalence use is 0.44 of pervious study which was 44%

E2 = Standard error (0.05)

3.3.2 Inclusive & Exclusive Criteria

The inclusion criteria are all male workers and students who are smokers, between ages 18 to 55 years old who work or studies in UPM, Serdang Campus. While the exclusion criteria to those who suffer from severe health problems which may affect the results of data.

3.4 Data Collection

3.4.1 Advertisement Selection

Anti-smoking video advertisements used are derived from “*Tak Nak!*” campaign that is downloaded via “*YouTube*” on the internet. Three videos ads with smoking cue and three videos ads without smoking cue being selected in this assessment. The duration of video’s shown are approximately 30 seconds each. The examples of videos with smoking cues and without smoking cues are as follows:



Figure 3.1: Video contains Smoking Cues derived from "Tak Nak!" Campaign



Figure 3.2: Video that does not have Smoking Cues from "Tak Nak!" Campaign

3.4.2 Questionnaire

A questionnaire used has two parts. The first part of questionnaires is the baseline measures. The baseline measure is included basic demographic information, measure of personality and respondents smoking history (Heatherton *et al.*, 1991). Baseline measure must be completed by respondents before starting the assessment. The second part of the questionnaire is the outcome measure. The outcome measure is filled after the video without smoking cue and video with smoking cue were aired. There are five items that being assessed in the second part of the questionnaire which are; (1) Behavioral Intention, (2) Beliefs About Smoking, (3) Self Efficacy of Quitting Smoking, (4) Reactance, and (5) Involvement (Hughes *et al.*, 1986). The questionnaires was adapted from Fagerstorm Test of Nicotine Dependence (FTND) (Heatherton *et al.*, 1991) and Minnesota Nicotine Withdrawal Questionnaire (MNWQ) (Hughes *et al.*, 1986) that has been translated from English to Malay version for the suitability of the respondents.

3.4.3 Sampling

The sampling unit for this study is the workers and student at UPM, Serdang Campus. Purposive sampling used to select group of respondents. They had to meet certain criteria before being selected to be the respondent. Since one of the criteria of this study is on those who smoke, snowball sampling technique used. Snowball sampling can be defined as a technique for collecting research subject through the identification of an initial subject who is used to provide the names of other actors

(Faugier *et al.*, 1997). Smokers usually not very open to sharing issues concerning cigarette. Furthermore, the issue of smoking has become a sensitive issue since a fatwa stating that smoking is forbidden in Islam. Therefore, to get the respondent is a challenge and constraint in this study. Snowball technique has made easier to search the respondent which one respondent who smoke, find their contact those who smoke to be respondents.



3.5 Study Flow

The study performed according to the following flow chart. The study carried out in two phases as follow:

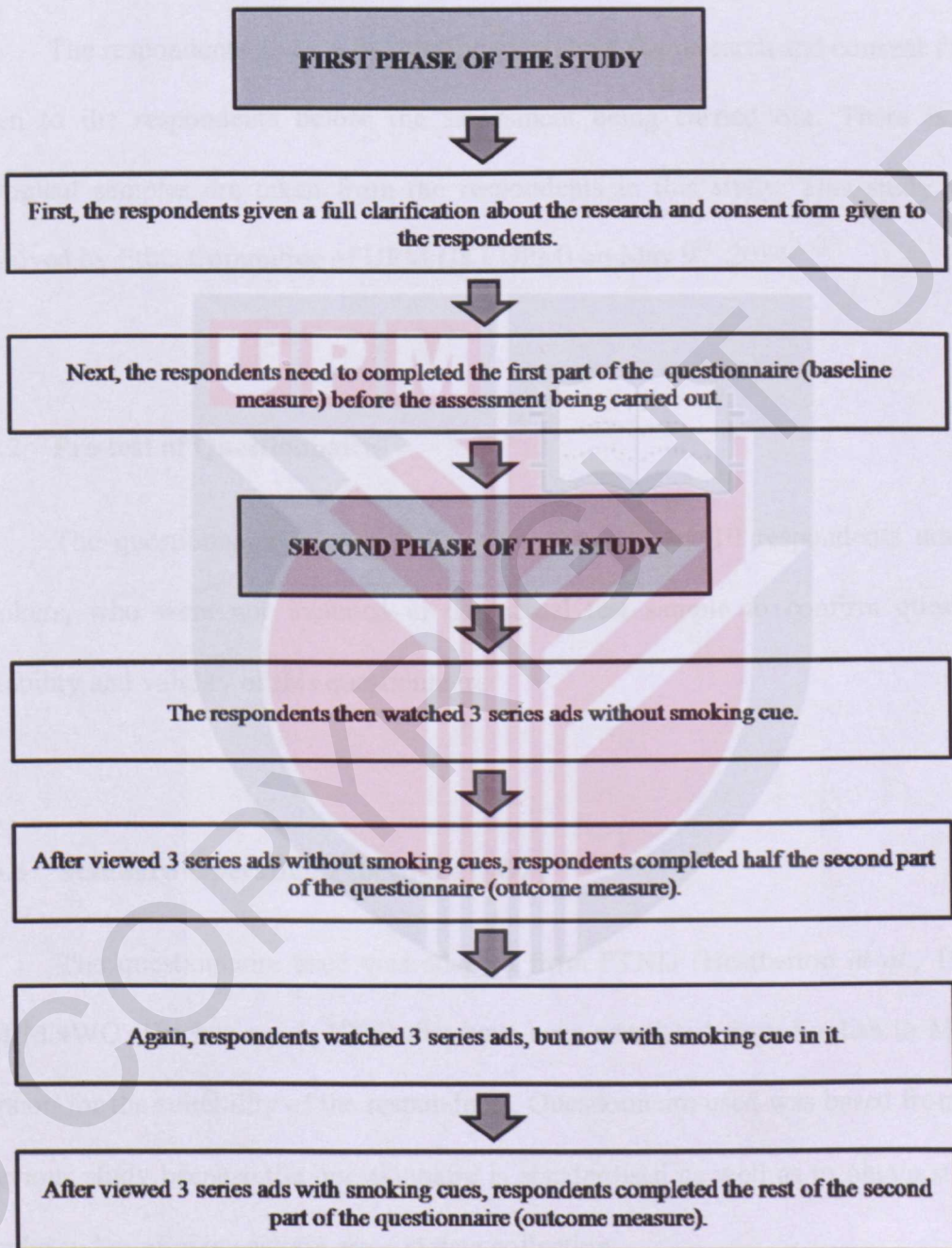


Figure 3.3: Study Flow

3.6 Quality Control

3.6.1 Ethical Issues

The respondents given a full clarification about the research and consent form given to the respondents before the assessment being carried out. There is no biological samples are taken from the respondents in this study. This study was approved by Ethic Committee of UPM (JKEUPM) on May 9th, 2014.

3.6.2 Pre-test of Questionnaire

The questionnaire of this study were pretested by 10 respondents among smokers, who were not included in the actual test sample to confirm question reliability and validity of this questionnaire.

3.6.3 Standard Operating Procedure (SOP)

The questionnaire used was adapted from FTND (Heatherton *et al.*, 1991) and MNWQ (Hughes *et al.*, 1986) that have been translated from English to Malay version for the suitability of the respondents. Questionnaire used was based from the previous study because the questionnaire is standardised as well as to obtain strong results and minimize analytic error in data collection.

3.7 Data Analysis

Data gathered analyzed by using the Statistical Package Social Sciences (SPSS), Version 22.0 for Windows. Data distribution tested for its normality before statistical test can be decided. Statistical test is significant when $p < 0.05$.

To determine the socio-demographic distribution among respondents, central tendency values such as; mean and standard deviation used for data normality distribution while medians and inter-quartile range used for data non-normality distributed.

In order to determine the smoking dependence among respondent, categorical data tested via non parametric test of chi-square. Continuous data tested via parametric test. The t-test used for 2 groups if data is normal. For more than 2 groups, ANOVA will be used. Continuous data will be tested via non-parametric. Mann-Whitney test used for 2 groups if data is was not normal. If it more than 2 groups, Kruskal-Wallis test used.

To determine the study relationship of viewing PSAs without smoking cue and PSA viewing containing smoking cues with the urge to smoke, paired sample t-test were performed. Paired sample t-test chooses because the study involved two types of treatment or test on the same or related study group concerned.

3.8 Study Limitation

Limitation of this is the aspect of study design in which the sample sizes of the respondent are too small which it cannot represent the population as a whole. Moreover, one of the physiological responses which are; heart rate, electromyography and skin conductance cannot be measured because of the constraints on the device to be used. This study should be done in Cohort Study Design in the first place where the behaviour of respondents after the assessment made can be justified and determined.



CHAPTER 4

RESULTS

4.1 Socio-demographic Background

The response rate of this study was 100% with no one withdraws or did not complete the assessment or questionnaire in this study. Table 4.1 shows the Socio-demographic Background of respondents who participated in this study. All respondents who participated were 100 (n = 100) among male. In the 100 respondents who participated, the majority (90%) were aged 20-30 years, followed by (4%) were aged 31-40, and ages 41-50 are much (6%). Each respondent who participated are all Malay (100%). The level of education of respondents, generally (90%) were taking degree as their highest level of education. While other (10%) taking SPM / Certificate. Status of respondents also showed a similar pattern in which (90%) of respondents still single while the rest were married (10%).

Respondents who are married , claimed that they were Parent or Guardian acknowledge children under 18 now living in their household (10%) otherwise (90%) of the respondents are not the parent or guardian of a child aged under 18 years.

Table 4.1: Socio-demographic background of respondents (n = 100)

Variable	n	%
Age groups		
20 – 30	90	90
31 – 40	4	4
41 – 50	6	6
Ethnicity		
Malay	100	100
Level of education		
SPM/SIJIL	10	10
Degree	90	90
Status		
Married	10	10
Single	90	90
Parent or guardian children under 18 now living in your household		
Yes	10	10
No	90	90

4.2 Personal Smoking History and Nicotine Dependence

Table 4.2 showing Personal Smoking History and Nicotine dependence among of respondents. It was found age of first smoking was 17.84 ± 2.82 mean and standard deviation. For those who know the age when first started smoking, mostly smoked since the age of 13 – 18. Almost all of the respondents (99%) admit that have smoked more than 100 cigarettes in a lifetime. The 69% of respondents admit to smoking every day for at least for one month. The 51% of respondents took more than 60 minutes to start smoking cigarettes immediately after waking up in the morning, while 27% took less than 5 minutes and 22% take 6-30 minutes to start smoking.

Most of the respondents (85%) had no trouble in refraining from smoking in prohibited places, while (15%) showed the opposite. The 34% of respondents admit cigarette in the morning was difficult to give up. Half of the respondents (51%) smoked in the first hour immediately after waking compared to other times. Only (13%) who still continue to smoke despite the severe pain while most of them (87%) did not smoke while sick. When asked whether respondents consider themselves to be smokers, 80% claimed yes. There were only one respondent (1%) who used the patch or nicotine gum reported.

Table 4.2: Personal Smoking History and Nicotine Dependence of respondents (n = 100)

Variable	n	%	Mean ± SD
Know age when first smoked whole cigarette			
Yes	84	84	
No	16	16	
Age when first smoked whole cigarette			17.84 ± 2.82
7 – 12	1	1	
13 – 18	36	36	
19 – 24	23	23	
25 – 30	1	1	
Have smoked at least 100 cigarettes in your life			
Yes	99	99	
No	1	1	
Smoked a cigarette every day for at least a month			
Yes	69	69	
No	31	31	
How soon after wake up smoke first cigarette			2.75 ± 1.33
Less than 5 minutes	27	27	
6 to 30 minutes	22	22	
More than 60 minutes	51	51	
Find it difficult to refrain from smoking in places where it is forbidden			
Yes	15	15	
No	85	85	
Cigarette hate most to give up			

First in the morning	34	34
Don't know	66	66

Smoke frequently during the first hours after waking than during the rest of the day

Yes	51	51
No	49	49

Smoke if you are so ill

Yes	13	13
No	87	87

Consider self as a smoker

Yes	80	80
No	20	20

Consider self addicted to cigarette or not

Yes	21	21
No	33	33
Don't know	46	46

2.25 ± 0.78

Currently use a nicotine-replacement patch or chewing gum

Yes	1	1
No	99	99

4.3 Post Presentation Smoking Urge

For Table 4.3 Post presentation smoking urge of respondents toward smoking showed respondents felt that 'smoking would make less depressed' and 'have urge for a cigarette' statement in the first phase (no cue) were higher than in the second phase (with cue) with significant ($t = 3.146$) ($p = 0.002$) and ($t = 6.532$) ($p = <0.0001$). In this context, the respondents did not show any urge to smoke after watching the screening of anti-smoking video with smoking cues.

Table 4.3: Post-presentation smoking urge of respondents towards smoking (n = 100)

Variable	(No Cue) Mean ± SD	(With Cue) Mean ± SD	t	Sig.
Smoking would make less depressed	3.82 ± 0.85	3.62 ± 0.57	3.146	0.002*
Have no desire for a cigarette right now	3.39 ± 1.04	3.40 ± 0.67	-0.078	0.938
Have urge for a cigarette	3.21 ± 0.74	2.89 ± 0.71	6.532	<0.0001*
Could control things better right now if I could smoke	3.21 ± 0.87	3.10 ± 0.84	2.595	0.011
Would do almost anything for a cigarette now	2.28 ± 1.00	2.11 ± 0.84	3.190	0.002*

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

4.4 Behavioral Intention

Table 4.4 Behavioral intention of respondents towards smoking stated smoking respondents “likely that will try to quit” smoking completely and permanently in the next 3 months’ was higher in the second phase (with cue) than the first phase (no cue) ($t = -4.690$) ($p = <0.0001$). However, respondents indicated the opposite in statement “likely is that you will quit” smoking completely and permanently in the next 3 months’ were higher than in the first phase (no cue) to the second phase (with cue) ($t = 2.148$) ($p = 0.034$).

Table 4.4: Behavioral intention of respondents towards smoking (n = 100)

Variable	(No Cue) Mean ± SD	(With Cue) Mean ± SD	t	Sig.
Likely that will TRY TO QUIT smoking completely and permanently in the next 3 months	2.58 ± 0.54	2.78 ± 0.44	-4.690	<0.0001*
Likely is that you WILL QUIT smoking completely and permanently in the next 3 months	2.46 ± 0.54	2.39 ± 0.51	2.148	0.034*

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

4.5 Beliefs about Smoking

In table 4.5, beliefs about smoking respondents showed increases in score of 2.63 (1.195) in the first phase (no cue) to score 2.72 (1.272) in the second phase (with cue) ($t = -2.226$) ($p = 0.028$) in the statement "I would look cool". In addition, the increase in score can also be seen on the statement of 'people live with me, especially children, would get asthma' and its significant values were ($t = -3.647$) ($p = <0.0001$).

Moreover, the belief score showed a reduction in the second phase (with cue) than the first phase (no cue) of the statement; 'would be harder to quit smoking', 'would die at young age', 'would be able to breathe better', 'would become more attractive' and 'the chemical in cigarettes would get in my mouth, throat, and lungs' with respectively of significant ($p = <0.0001$).

Table 4.5: Beliefs about smoking of respondents towards smoking (n = 100)

Variable	(No Cue)	(With Cue)	t	Sig.
	Mean ± SD	Mean ± SD		
My breath would smell better	2.50 ± 1.12	2.71 ± 1.19	-1.762	0.081
Would look cool	2.63 ± 1.12	2.72 ± 1.27	-2.226	0.028*
It would be harder to quit smoking	3.61 ± 1.02	3.31 ± 0.65	4.180	<0.0001*

Would die at a younger age	3.39 ± 0.82	3.16 ± 0.88	3.632	<0.0001*
Would be able to breathe better	2.89 ± 0.93	2.31 ± 1.01	7.084	<0.0001*
People live with me, especially children, would get asthma	3.74 ± 0.65	3.89 ± 0.70	-3.647	<0.0001*
Would become more attractive	3.72 ± 0.09	2.52 ± 1.29	7.266	<0.0001*
The chemicals in cigarettes would get in my mouth, throat, and lungs	3.99 ± 0.70	3.37 ± 0.76	9.139	<0.0001*
Smoking would become something I do without even thinking about it	3.23 ± 0.80	3.41 ± 0.70	-2.877	0.005*
I would become a bad role model for my children or other young people	3.89 ± 1.01	3.88 ± 0.98	0.241	0.810
My lungs would be harmed from the chemicals in the cigarettes	4.12 ± 0.82	4.09 ± 0.59	0.456	0.650
If a pregnant woman smoked cigarettes nearly every day for the next 12 months, smoking would affect the health of her baby	4.24 ± 0.62	4.36 ± 0.67	-1.923	0.057

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

4.6 Self Efficacy of Quitting Smoking

Self efficacy of quitting smoking of respondents towards smoking stated increases the score in the second phase (with cue) on the statement “sure can quit smoking if with friends at party where most people is smoking” and “sure can quit smoking if craving a cigarette” with significant values ($t = -2.947$) ($p = 0.004$) and ($t = -2.258$) ($p = 0.026$).

Furthermore, can be seen that “sure cans quit smoking if anxious and under stress”, decreased in the second phase (with cue) compared to the first phase (no cue) with significant value ($t = 3.039$) ($p = 0.003$).

Table 4.6: Self efficacy of quitting smoking of respondents towards smoking (n = 100)

Variable	(No Cue) Mean ± SD	(With Cue) Mean ± SD	t	Sig.
How sure are you that you can quit smoking cigarettes completely and permanently in the next 3 months, if you really wanted to	3.07 ± 0.59	3.06 ± 0.60	1.000	0.320
Sure can quit smoking if with friends at a party where most people are smoking	2.68 ± 0.89	3.01 ± 0.79	-2.947	0.004*

Sure can quit smoking if anxious and under stress	2.96 ± 0.76	2.80 ± 0.62	3.039	0.003*
Sure can quit smoking if craving a cigarette	2.73 ± 0.91	2.99 ± 0.76	-2.258	0.026*
Sure that quit smoking when realize how difficult it is to completely give up smoking	2.99 ± 0.76	3.55 ± 0.76	-1.000	0.320

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

4.7 Reactance

In table 4.7, reactance of respondents indicated that more respondents agree that watching anti-smoking videos that do not have smoking cue in the first phase (no cue) trials boring than watching an anti-smoking video with smoking cues in the second phase (with cue) with significant values ($t = 4.685$) ($p = <0.0001$).

However, respondents believe that after watching the anti-smoking video that has smoking cues in the second phase (with cue) have been manipulating their emotions. This is evident in the increase in the score on the second phase (with cue) compared with the first phase (no cue) with significant ($t = -3.296$) ($p = <0.0001$).

Table 4.7: Reactance of respondents towards smoking (n = 100)

Variable	(No Cue) Mean ± SD	(With Cue) Mean ± SD	t	Sig.
Smoking would make less The ads about smoking were distorted	2.99 ± 0.89	3.12 ± 1.14	-1.000	0.320
The ads were exaggerated	3.21 ± 0.89	3.22 ± 1.07	-0.104	0.917
The ads about smoking were boring	4.07 ± 1.15	3.57 ± 1.36	4.685	<0.0001*
I felt exploited by the ads	2.91 ± 0.83	3.02 ± 0.84	-0.976	0.332
The ads deliberately tried to manipulate my feelings	2.74 ± 0.92	3.17 ± 0.82	-3.296	<0.0001*

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

4.8 Involvement

In table 4.8, involvement of respondents indicates involvement of both the respondent after first phase (no cue) and the second phase (with cue) of treatment were done. Change score on the statement "smoking is important" decrease in the second phase (with cue) than the first phase (no cue) with significant values ($t = 3.639$) ($p = <0.0001$).

However, the increase in the score can be seen in the second phase (with cue) than the first phase (no cue) of the statement 'is smoking is essential' with significant value ($t = 5.136$) ($p = <0.0001$).

Table 4.8: Involvement of respondents towards smoking (n = 100)

Variable	(No Cue)	(With Cue)	t	Sig.
	Mean ± SD	Mean ± SD		
Smoking is important	2.95 ± 0.63	2.61 ± 0.68	3.639	<0.0001*
Smoking means a lot	2.41 ± 0.82	2.39 ± 0.65	0.220	0.826
Smoking matters	2.90 ± 0.98	2.80 ± 0.85	0.815	0.417
Smoking is essential	2.18 ± 0.63	2.71 ± 0.86	5.136	<0.0001*

*Significant at $p < 0.05$

(Higher mean, heading 5 represents agreement. Lower mean, heading 0 represents disagreement)

CHAPTER 5

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

This study was conducted to test hypothesis and relationship between smoking cue in anti-smoking video ads and smoking urge of smokers among group of respondents at UPM, Serdang Campus. A total of 100 respondents ($n = 100$) among students and workers were involved in the study. All respondents were male and nearly the whole were Malay aged between 20 to 30 years. The rest, are worker, married, parent and guardian of their child at home.

For personal smoking history of respondents, found that respondent started smoking since adolescent as early age range between 13 to 18 years. Respondents reported that had smoked more than 100 cigarettes in their lifetime. In the context of nicotine dependence respondents, nearly all of the respondents admit that they were smoker even doubted their addiction towards cigarettes.

Self-reported assessment in this study showed that the respondents does not indicate any addiction toward smoking after watched anti-smoking video, especially in the second phase (with cue). After respondents watched anti-smoking video, the results showed no increase in mean after the second phase (with cue). This can be concluded respondent was not affect even have no urge to smoke, after watched anti-smoking video with smoking cue in the second phase.

The study has number of weaknesses and limitation where data collection is done only based on the questionnaire alone. This study can be further enhanced with the supported result from psychological responses (e.g. skin conductance, heart rate, and muscular system changes) because addiction can also be seen in this way (Tiffany, 1995). Argument-strength of anti-smoking video shows should also be tested for confounder control for the outcome result (Petty, 1986). The experimental setting by conducting the assessment in fully furnished closed room need to make respondents comfortable while being assessed (Yahui, 2009). Relapse of smoking

should also be standardized to all respondents to make sure that all respondents have the same addiction relapse (Bordnick, 2005).

3.2 Respondents reported after assessment, the attitude "to try to stop" smoking is stronger compared "try to stop smoking". After watching the anti-smoking video with smoking cue, respondents believe that smoking makes them look cooler although accepted the fact that smoking is dangerous towards people around them, especially children. Self efficacy of quitting smoking by respondents showed that respondents were not able to control themselves from smoking if in the state of anxiety and depression but still able to control themselves from smoking if the people around them smoke. For the reactions of the respondents, the respondents believe that after seeing anti-smoking video with smoking cue on the second phase have been manipulated their emotions. In the context of the participation of smoking, even after watching anti-smoking video, respondents still perceive that smoking is important and essential to them.

The outcomes of this study hoped to help to improve the PSA in anti-smoking in health promotion context in the future to effectively curb smoking habits. In addition, this study also showed consumer reaction, particularly among adolescents against acceptance of the PSA tested. Thus, the findings of this study are expected to show and determine the root cause of this problem so that it can be dealt with more

efficiently and effectively. This study will be the only current study to fulfil the knowledge gaps which exist.

5.2 Conclusion

The conclusion be drawn is, respondents did not have an addiction towards smoking after watching an anti-smoking video with smoking cues directly. However, there are little changes in respondent's perception. This can be shown by the significant value. Respondent's attempt to quit smoking can be seen, but for completely stop smoking is negative. Respondents also believe looks cooler after the second phase even know smoking harms to others.

In addition, respondents were able to admit that being able to control them self from smoking even addicted and while those around them were smoking, but they will definitely smoking if they were anxious and stressed. Respondent claimed that the video on the second phase were not boring and has been manipulating their emotions. Finally, the respondents admit that smoking is a necessity although it does not really matter.

Finally, although smoking cue does not trigger the urge of smokers to smoking directly, some perception of smokers towards smoking. Therefore, smoking cues should not be placed in the anti-smoking video preferably as it was feared that

some smokers misinterpreted the actual message delivered for each reception of messages for each person is different.

5.3 Recommendation

The study has number of limitation where this study should be done with Cohort study design compared to Experimental study design. Data collection is done only based on the questionnaire alone. This study can be further enhanced with the support result from psychological responses (e.g. skin conductance, heart rate, and electromyography) because addiction can also be seen in this way (Tiffany, 1995). Argument-strength of anti-smoking video shows should also be tested for confounder control for the outcome result (Petty, 1986). The experimental setting should also be considered to reduce confounder towards respondents during data collection is done (Yahui, 2009). Relapse of smoking should also being standardized to all respondents to make sure that all respondents have the same addiction relapse (Bordnick, 2005).

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APPENDIX 1

Gantt Chart

PEJABAT TIMBALAN NAIB CANSelor (PENYELIDIKAN DAN INOVASI)
OFFICE OF THE DEPUTY VICE CHANCELLOR (RESEARCH AND INNOVATION)

Ref: UPN/TEM/2018/011/143/001/0001/0001

Date: 7th February 2018

Dr. Enshir Zainal Abidin
Department of Environmental & Occupational Health,
Faculty of Medicine and Health Sciences,
Universiti Putra Malaysia
Seremban, Selangor

Dear Madam,

RESEARCH PROJECT A STUDY ON THE RELATIONSHIP BETWEEN...
IN ANTISMOKE... CANCER AND...
RESEARCH... SUPERVISOR...

APPENDIX 2

Ethical Approval Letter from JKEUPM

The Ethics Committee has approved your research project...
UNIVERSITI PUTRA MALAYSIA
RESEARCH & INNOVATION
QUALITY STANDARD

Please...
Name...
No...
Date...

With...
No...
Date...

Yours...
Date...

With...
No...
Date...

Yours...
Date...

PROFESSOR DR. NORLIDIAUTEMAN
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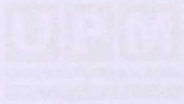
a) Members of the JKEUPM who reviewed the documents:

- Prof. Dato' Dr. Lye Munn Sann

b) Date of approval: 14/1/2014

Endorsed at JKEUPM Meeting on 7/2/2014, attended by:

NAME	DESIGNATION	GENDER	TICK IF PRESENT
Prof. Dr. Norlijah Othman	Paediatrics & Dean, Faculty of Medicine and Health Sciences	Female	√
Prof. Dr. Zamberi Sekawi	Medical Microbiologist & Deputy Dean of Research and Internationalization, Faculty of Medicine and Health Sciences	Male	√
Prof. Dato' Dr. Lye Munn Sann	Medical Statistician, Dept of Community Health, Faculty of Medicine and Health Sciences	Male	√
Prof. Dr. Tengku Aizan Abd Hamid	Gerontologist & Director, Institute of Gerontology	Female	
Prof. Dr. Lekhraj Rampal	Medical Statistician, Dept of Community Health, Faculty of Medicine and Health Sciences	Male	√
Prof. Dr. Elizabeth George	Pathologist, Dept of Pathology, Faculty of Medicine and Health Sciences	Female	
Prof. Dr. Lim Thiam Aun	Anesthesiologist, Dept of Surgery, Faculty of Medicine and Health Sciences	Male	√
Prof. Dr. Wan Omar Abdullah	Medical Parasitologist, Dept of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences	Male	√
Prof. Dr. Patimah Ismail	Professor of Biomedicine, Dept of Biomedical Sciences, Faculty of Medicine and Health Sciences	Female	√
Prof. Dr. Johnson Stanslas	Pharmacologist, Dept of Medicine, Faculty of Medicine and Health Sciences	Male	√
Assoc. Prof. Dr. Mansor Abu Talib	Assoc. Professor of Guidance and Counselling, Dept of Human Development and Family Studies, Faculty of Human Ecology	Male	√
Assoc. Prof. Dr. Azmawani Abd. Rahman	Operations and Technology Management / Deputy Dean of Research and Graduate Studies	Female	
Assoc. Prof. Dr. Noritah Omar (Lay Person)	Assoc. Professor of English Language, Dept of English Language, Faculty of Communication and Modern Languages	Female	
Dr. Rojanah Kahar (Lay Person)	Senior Lecturer of Dept of Human Development and Family Studies, Faculty of Human Ecology	Female	√
Tan Sri Dato' Napsiah Omar (Independent Member)	Chairman, National Population and Family Development Board	Female	



FORM 01: RESPONDENT'S INFORMATION SHEET AND CONSENT

and the following information carefully and do not hesitate to discuss any concerns you may
with the researcher.

STUDY TITLE:

A STUDY ON THE RELATIONSHIP BETWEEN SMOKING QUES IN ANTI-SMOKING
AND SMOKING URGE

APPENDIX 3

Respondent Information Sheet & Consent Letter



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FORM B1: RESPONDENT'S INFORMATION SHEET AND CONSENT

Please read the following information carefully and do not hesitate to discuss any questions you may have with the researcher

1. STUDY TITLE:

A STUDY ON THE RELATIONSHIP BETWEEN SMOKING CUES IN ANTISMOKING ADS AND SMOKING URGE AMONG SMOKERS

2. INTRODUCTION:

Effectiveness of smoking campaigns in the media may likely be one of the missing links. According to the literature in western countries, a large number of antismoking public service announcement (PSA) or advertisements carry with it smoking can elicit smoking urge among smokers (Tiffany, 1995). These studies indicate that instead of imparting the negative perception on smoking, the smoking cues in the antismoking PSAs elicit smoking urge among smokers. When smoking urge occurs it will responsive to psychologically significant stimuli.. In this study smoking urge will be selected as an indicator of emotional arousal by taking look into smokers' psychological changes.

3. WHAT WILL YOU HAVE TO DO?

The respondent will asked to answer the questionnaire before and after watching the video given to obtain data information regarding to the study. 5 minutes will be given to complete the questionnaire.

4. WHO SHOULD NOT PARTICIPANTE IN THE STUDY?

All male workers and students who are smokers, between ages 18 to 55 years old who work or studies at University Putra Malaysia, Serdang Campus

5. WHAT WILL BE BENEFITS OF THE STUDY:

a. TO YOU AS THE SUBJECT?

The respondent will be aware what the real problem their facing regarding smoking urge.

b. TO THE INVESTIGATOR?

To determine the relationship between smoking cue and elicit smoking urge among the smokers that will help to improve in health promotion context in the future in curb the smoking habits more effectively.

6. WHAT ARE THE POSIBLE RISKS?

There is no risk available in the study.

7. WILL THE INFORMATION THAT YOU PROVIDE AND YOUR IDENTITY REMAIN CONFIDENTIAL?

The information and identity used in this study will remain confidential.

8. WHO SHOULD YOU CONTACT IF YOU HAVE ADDITIONAL QUESTIONS DURING THE COURSE OF THE RESEARCH?

If you have any additional questions, you may contact to Dr. Emilia Zainal Abidin, Supervisor of the study research at 03-89472643 or Muhammad Naguib bin Aziz Azlan, the researcher at 012-5138695.

9. CONSENT

I Identify Card No.
address.....
..... hereby voluntarily agree to take part in the research stated
above *(clinical/drug trial/video recording/focus group/interview-based/questionnaire-based).

I have been informed about the nature of the research in terms of methodology, possible adverse effects and complications (as written in the Respondent's Information Sheet). I understand that I have the right to withdraw from this research at any time without giving any reason whatsoever. I also understand that this study is confidential and all information provided with regard to my identity will remain private and confidential.

I* wish / do not wish to know the results related to my participation in the research

I agree / do not agree that the images/photos/video recordings/voice recordings related to me be used in any form of public or presentation (if applicable)

*delete where necessary

Signature Signature
(Respondent) (Witness)

Date : Name :
I/C No. :

I confirm that I have explained to the respondent the nature and purpose of the above-mentioned research.

Date..... Signature.....
(Researcher)

BORANG B1: HELAIAN KEBENARAN DAN MAKLUMAT RESPONDEN

Sila baca maklumat berikut dengan teliti. Sekiranya anda mempunyai sebarang pertanyaan sila kemukakan kepada penyelidik.

1. TAJUK KAJIAN:

KAJIAN MENGENAI HUBUNGAN ANTARA ISYARAT MEROKOK DALAM IKLAN ANTI MEROKOK DAN KETAGIHAN KEPADA PEROKOK

2. PENGENALAN:

Keberkesanan kempen merokok di media mungkin boleh menjadi salah satu elemen yang hilang. Menurut kajian di negara-negara barat, sebilangan besar iklan anti merokok yang mempunyai isyarat merokok bersamanya mencetuskan ketagihan di kalangan perokok (Tiffany, 1995). Kajian-kajian ini menunjukkan bahawa iklan ini bukan sahaja membawa persepsi negatif terhadap merokok tetapi isyarat merokok di dalam iklan secara tidak sengaja mencetuskan keinginan merokok kepada perokok. Apabila keinginan berlaku, ia akan memberi tindak balas kepada rangsangan psikologi yang ketara. Dalam kajian ini, keinginan merokok akan dipilih sebagai petunjuk rangsangan emosi dengan mengambil kira perubahan psikologikal perokok.

3. APAKAH YANG PERLU ANDA LAKUKAN?

Responden akan diminta untuk menjawab borang soal selidik sebelum dan selepas tayangan video untuk mendapatkan maklumat data mengenai kajian yang dijalankan. 5 minit akan diberikan untuk melengkapkan borang soal selidik.

4. SIAPA YANG BOLEH MENYERTAI KAJIAN INI?

Semua pekerja dan pelajar lelaki yang perokok, antara umur 18 hingga 55 tahun yang bekerja atau belajar di Universiti Putra Malaysia, Kampus Serdang.

5. APAKAH FAEDAH MENYERTAI KAJIAN INI:

a. KEPADA ANDA SEBAGAI PESERTA?

Responden akan menyingkap apakah masalah sebenar yang mereka hadapi mengenai keinginan merokok.

b. KEPADA PENYELIDIK?

Untuk menentukan hubungan antara isyarat merokok dan keinginan merokok di kalangan perokok yang akan membantu untuk meningkatkan dalam konteks promosi kesihatan di masa hadapan dalam membendung tabiat merokok dengan lebih berkesan.

6. ADAKAH IA BERISIKO?

Kajian ini tidak mempunyai risiko.

7. ADAKAH MAKLUMAT IDENTITI RESPONDEN KEKAL RAHSIA?

Maklumat dan identiti yang digunakan dalam kajian ini akan kekal sulit.

8. SIAPA YANG SAYA PERLU HUBUNGI SEKIRANYA SAYA MEMPUNYAI SOALAN TAMBAHAN SEPANJANG PENYELIDIKAN INI?

Jika anda mempunyai sebarang soalan tambahan, anda boleh menghubungi Dr. Emilia Zainal Abidin, Peyelia penyelidikan kajian di 03-89472643 atau Muhammad Naguib bin Aziz Azlan, penyelidk di 012-5138695.

9. PERSETUJUAN

Saya No Kad Pengenalan.....
beralamat.....
..... dengan ini secara sukarela bersetuju menyertai
penyelidikan tersebut di atas *(klinikal/percubaan ubat-ubatan/rakaman video/kumpulan
sasaran/temuduga/soal selidik).

Saya telah diberi penjelasan secara menyeluruh mengenai penyelidikan ini dari segi metodologi,
risiko dan komplikasi (seperti yang tercatat dalam Helaian Penerangan). Saya memahami
bahawa saya berhak menarik diri dari penyelidikan ini pada bila-bila masa tanpa member
sebarang alasan. Saya juga memahami bahawa sebarang maklumat yang berkaitan identiti saya
akan dirahsiakan.

Saya* berminat / tidak berminat untuk mengetahui keputusan kajian

Saya setuju / tidak bersetuju untuk imej/gambar/rakaman video/rakaman suara berkaitan dengan
saya digunakan dalam apa jua bentuk penerbitan atau pembentangan. (sekiranya berkaitan)

*potong yang tidak berkenaan

Tandatangan

Tandatangan

(Responden)

(Saksi)

Tarikh :

Nama :

No. K/P :

Saya mengesahkan bahawa saya telah menerangkan kepada responden mengenai sifat dan
tujuan penyelidikan tersebut di atas.

Tarikh.....

Tandatangan.....

(Penyelidik)



INSTITUT KESUSKATAN PERSEKUTARAAN DAN PERKHIDMATAN
FASULTI PERUBATAN DAN SAINS KESEHATAN
UNIVERSITI PUTRA MALAYSIA
43400 UPM SERDANG, SELANGOR MALAYSIA

STRUKTUR SEMULAJADI

PENYALIN PENGHIDMATAN PENGUMUMAN AWAM BERKAITAN ANTARA LAIN

APPENDIX 4

Questionnaire





JABATAN KESIHATAN PERSEKITARAN DAN PEKERJAAN
FAKULTI PERUBATAN DAN SAINS KESIHATAN,
UNIVERSITI PUTRA MALAYSIA,
43400 UPM SERDANG, SELANGOR MALAYSIA

**BORANG SOAL SELIDIK
PENILAIAN PERKHIDMATAN PENGUMUMAN AWAM BERKAITAN ANTI MEROKOK**

Adalah dimaklumkan bahawa satu tinjauan dalam kalangan pekerja dan pelajar di Universiti Putra Malaysia, Kampus Serdang sedang dijalankan di tempat anda kerja mahupun belajar untuk mendapatkan maklumat mengenai latar belakang bagi mereka yang merokok dengan ketagihan merokok yang dicituskan melalui isyarat merokok.

Borang soal selidik ini mempunyai 13 halaman bercetak (termasuk muka hadapan). Sila jawab kesemua soalan mengikut arahan yang telah diberi.

Terima kasih atas kerjasama anda

NOTIS:

Semua maklumat yang diperolehi adalah sulit.
Maklumat yang diberi hanya untuk rujukan
penyelidik dan untuk tujuan penyelidikan
sahaja

ID RESPONDEN

--	--	--

Tarikh soal selidik dilengkapkan: _____

BORANG SOAL SELIDIK PENILAIAN PERKHIDMATAN PENGUMUMAN AWAM BERKAITAN ANTI MEROKOK

FASA PERTAMA

A. Demografi

Bilakah rokok terakhir anda? Sila nyatakan dalam MINIT

_____minit

Kami akan mula bertanya beberapa soalan mengenai diri anda.

1. Berapakah umur anda?

_____tahun

2. Anda berbangsa?

- Melayu
 India

- Cina
 Lain-Lain

3. Apakah tahap pendidikan anda?

- UPSR
 DIPLOMA/STPM
 IJAZAH SARJANA MUDA

- PMR
 SPM/SIJIL
 TIDAK BERSEKOLAH

4. Apakah status anda?

- Berkahwin
 Duda

- Bercerai
 Bujang

5. Adakah anda ibu bapa atau penjaga kepada kanak-kanak yang berumur bawah 18 tahun?

- Ya Tidak

CODE
A. 1
A. 2
A. 3
A. 4
A. 5

B. Keperluan Kognisi

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

CODE
B. 1
B. 2
B. 3
B. 4

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Berfikir tidak begitu menyeronokkan						B. 1
2. Saya bersungguh dengan penyelesaian yang baru dalam menangani masalah						B. 2
3. Belajar cara baru untuk berfikir tidak menarik						B. 3
4. Saya lebih suka hidup saya dengan cabaran						B. 4

C. Garis Dasar Ketagihan Merokok

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

						CODE
	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1.	Merokok mengurangkan tekanan saya					C. 1
2.	Saya tidak mempunyai keinginan merokok sekarang					C. 2
3.	Saya mempunyai keinginan untuk merokok					C. 3
4.	Saya dapat mengawal perkara dengan lebih baik jika saya merokok sekarang					C. 4
5.	Saya akan melakukan apa sahaja untuk rokok pada masa sekarang					C. 5

D. Sejarah Merokok dan Kebergantungan

Soalan seterusnya akan bertanya mengenai rokok yang dihisap

1. Berapakah umur anda semasa anda mula-mula menghisap merokok?
 tahun Tidak Tahu
2. Adakah anda telah merokok sekurang-kurangnya 100 batang rokok seumur hidup anda?
 Ya Tidak
3. Pernahkah anda menghisap rokok setiap hari untuk sekurang-kurangnya sebulan?
 Ya Tidak
4. Fikirkan tentang 30 hari lepas. Berapa hariakah anda merokok untuk sekurang-kurangnya satu batang rokok?
 Batang/Hari Tidak Tahu
5. Dalam tempoh 7 hari yang lalu, berapa banyak batang rokok yang anda hisap pada hari kebiasaannya?
 Hari Tidak Tahu
6. Berapa lama masa yang di ambil sebaik anda bangun untuk anda menghisap rokok yang pertama?
 Kurang dari 5 minit 6 hingga 30 minit
 31 hingga 60 minit Lebih dari 60 minit
 Tidak tahu
7. Adakah anda sukar untuk menahan diri daripada merokok di tempat-tempat di mana ia adalah dilarang, misalnya di tempat beribadat, di perpustakaan atau di pawagam?
 Ya Tidak
 Tidak Tahu
8. Rokok yang paling sukar atau tidak boleh dilepaskan adalah?
 Pertama di waktu pagi Semuanya sekali
 Tidak Tahu
9. Adakah anda kerap merokok pada jam pertama selepas bangun, berbanding dengan waktu-waktu lain?
 Ya Tidak
 Tidak Tahu
10. Adakah anda merokok jika anda menghadapi sakit yang teruk?
 Ya Tidak
 Tidak Tahu
11. Adakah anda menganggap diri anda seorang perokok?
 Ya Tidak
 Tidak Tahu
12. Adakah anda menganggap diri anda ketagih kepada rokok atau tidak?
 Ya, Ketagih Tidak Ketagih
 Tidak Tahu
13. Berapa kali anda pernah cuba untuk berhenti merokok?
 Kali cubaan Tidak Tahu

CODE
D. 1
D. 2
D. 3
D. 4
D. 5
D. 6
D. 7
D. 8
D. 9
D. 10
D. 11
D. 12
D. 13

14. Adakah anda kini menggunakan tampalan atau gula-gula getah nikotin gantian?

Ya

Tidak

Tidak Tahu

D. 14

E. Keinginan, Kemurungan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

						CODE
1. Saya ingin meneroka ke tempat-tempat yang pelik						E. 1
2. Saya suka untuk melakukan perkara-perkara yang menakutkan						E. 2
3. Saya suka pengalaman baru dan menarik, walaupun saya terpaksa melanggar peraturan						E. 3
4. Saya lebih suka kawan-kawan yang menarik dan sukar dijangka						E. 4
5. Saya jarang berasa sedih dan tertekan						E. 5
6. Kadang-kadang saya benar-benar tidak bernilai						E. 6
7. Kadang-kadang sesetengah perkara kelihatan suram dan tiada harapan kepada saya						E. 7

FASA KEDUA (I)

PEMBENTANGAN IKLAN UNTUK KALI PERTAMA

Dalam bahagian ini, anda akan melihat 3 iklan.

F. Ketagihan Merokok Selepas Tayangan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

						CODE
	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Merokok membuatkan saya kurang tertekan						F. 1
2. Saya tidak mempunyai keinginan merokok sekarang						F. 2
3. Saya mempunyai keinginan untuk merokok						F. 3
4. Saya dapat mengawal perkara dengan lebih baik jika saya merokok sekarang						F. 4
5. Saya akan melakukan apa sahaja untuk rokok pada masa sekarang						F. 5

Sila nyatakan dan huraikan pada masa bila semasa pembentangan iklan tadi, di mana keinginan anda untuk merokok adalah yang paling kuat?

G. Niat dan Tingkah Laku

Set soalan seterusnya meminta anda tentang perkara-perkara yang mungkin anda lakukan dalam tempoh 3 bulan akan datang

CODE

	Sudah tentu tidak	Tidak	Ya	Sudah tentu ya	
1. Adakah anda akan CUBA BERHENTI merokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?					G. 1
2. Adakah anda PASTI BERHENTI merokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?					G. 2

H. Keinginan, Kemurungan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

CODE

Apakah mungkin adalah perkara-perkara berikut akan berlaku kepada anda jika anda menghisap rokok hampir setiap hari untuk tempoh 12 bulan akan datang?

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Nafas saya akan berbau dengan lebih baik						H. 1
2. Saya akan nampak lebih bergaya						H. 2
3. Ia akan menjadi lebih sukar bagi saya untuk berhenti merokok						H. 3
4. Saya akan mati pada usia muda						H. 4
5. Saya akan dapat bernafas dengan lebih baik						H. 5
6. Orang di sekeliling saya terutamanya kanak-kanak akan mendapat asma						H. 6

7. Saya akan menjadi lebih menarik						H. 7
8. Bahan kimia dalam rokok akan masuk ke dalam mulut, tekak dan paru-paru saya						H. 8
9. Merokok akan menjadi sesuatu yang saya buat tanpa perlu memikirkan benda lain						H. 9
10. Merokok akan menjadi contoh yang tidak baik untuk anak-anak saya atau orang-orang muda yang lain						H. 10
11. Paru-paru saya akan rosak disebabkan bahan kimia dalam rokok						H. 11
12. Jika seorang wanita hamil menghisap rokok hampir setiap hari untuk tempoh 12 bulan akan datang, ia akan memberi kesan kepada kesihatan bayi di dalam kandungannya						H. 12

I. Sikap Tentang Berhenti Merokok

Adakah anda fikir bahawa berhenti merokok sepenuhnya atau untuk selama-lamanya dalam tempoh 3 bulan akan datang akan....

- | | |
|---|---|
| 1. <input type="checkbox"/> Tidak baik | <input type="checkbox"/> Baik |
| 2. <input type="checkbox"/> Berbahaya | <input type="checkbox"/> Berfaedah |
| 3. <input type="checkbox"/> Tidak menyenangkan | <input type="checkbox"/> Menyenangkan |
| 4. <input type="checkbox"/> Tidak menguntungkan | <input type="checkbox"/> Menguntungkan |
| 5. <input type="checkbox"/> Luar kawalan saya | <input type="checkbox"/> Dalam kawalan saya |
| 6. <input type="checkbox"/> Susah | <input type="checkbox"/> Mudah |

CODE	
I. 1	
I. 2	
I. 3	
I. 4	
I. 5	
I. 6	

J. Keupayaan Sendiri untuk Berhenti Merokok

CODE

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

	Sudah tentu tidak boleh	Tidak boleh	Mungkin	Boleh	Sudah tentu boleh	
1. Anda pasti, anda boleh berhenti menghisap rokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?						J. 1
2. Anda pasti, anda boleh berhenti merokok jika anda dengan rakan-rakan anda berseronok di mana kebanyakan orang di sekitar anda dalam sedang merokok?						J. 2
3. Anda pasti, anda boleh berhenti merokok jika anda gelisah atau tertekan?						J. 3
4. Anda pasti, anda boleh berhenti merokok jika anda ketagih untuk menghisap rokok?						J. 4
5. Anda pasti, anda boleh berhenti merokok dan anda sedar kesukarannya?						J. 5

K. Regangan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	CODE
1. Iklan tentang merokok telah terpesong						K. 1
2. Iklan telah diperbesar-besarkan						K. 2
3. Iklan tentang merokok adalah membosankan						K. 3
4. Saya merasakan dipergunakan oleh iklan						K. 4
5. Iklan sengaja cuba memanipulasikan perasaan saya						K. 5

L. Penglibatan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	CODE
1. Merokok adalah penting bagi saya						L. 1
2. Merokok sangat bermakna kepada saya						L. 2
3. Merokok adalah salah satu dalam perkara saya						L. 3
4. Merokok adalah keperluan saya						L. 4

FASA KEDUA (II)

PEMBENTANGAN IKLAN UNTUK KALI KEDUA

Dalam bahagian ini, anda akan melihat 3 iklan.

M. Ketagihan Merokok Selepas Tayangan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	CODE
1. Merokok membuatkan saya kurang tertekan						M. 1
2. Saya tidak mempunyai keinginan merokok sekarang						M. 2
3. Saya mempunyai keinginan untuk merokok						M. 3
4. Saya dapat mengawal perkara dengan lebih baik jika saya merokok sekarang						M. 4
5. Saya akan melakukan apa sahaja untuk rokok pada masa sekarang						M. 5

Sila nyatakan dan huraikan pada masa bila semasa pembentangan iklan tadi, di mana keinginan anda untuk merokok adalah yang paling kuat?

N. Niat dan Tingkah Laku

Set soalan seterusnya meminta anda tentang perkara-perkara yang mungkin anda lakukan dalam tempoh 3 bulan akan datang

					CODE
					N. 1
					N. 2

	Sudah tentu tidak	Tidak	Ya	Sudah tentu ya	
1. Adakah anda akan CUBA BERHENTI merokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?					N. 1
2. Adakah anda PASTI BERHENTI merokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?					N. 2

O. Keinginan, Kemurungan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

Apakah mungkin adalah perkara-perkara berikut akan berlaku kepada anda jika anda menghisap rokok hampir setiap hari untuk tempoh 12 bulan akan datang?

						CODE
						O. 1
						O. 2
						O. 3
						O. 4
						O. 5
						O. 6

	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Nafas saya akan berbau dengan lebih baik						O. 1
2. Saya akan nampak lebih bergaya						O. 2
3. Ia akan menjadi lebih sukar bagi saya untuk berhenti merokok						O. 3
4. Saya akan mati pada usia muda						O. 4
5. Saya akan dapat bernafas dengan lebih baik						O. 5
6. Orang di sekeliling saya terutamanya kanak-kanak akan mendapat asma						O. 6

7. Saya akan menjadi lebih menarik						O. 7
8. Bahan kimia dalam rokok akan masuk ke dalam mulut, tekak dan paru-paru saya						O. 8
9. Merokok akan menjadi sesuatu yang saya buat tanpa perlu memikirkan benda lain						O. 9
10. Merokok akan menjadi contoh yang tidak baik untuk anak-anak saya atau orang-orang muda yang lain						O. 10
11. Paru-paru saya akan rosak disebabkan bahan kimia dalam rokok						O. 11
12. Jika seorang wanita hamil menghisap rokok hampir setiap hari untuk tempoh 12 bulan akan datang, ia akan memberi kesan kepada kesihatan bayi di dalam kandungannya						O. 12

P. Sikap Tentang Berhenti Merokok

Adakah anda fikir bahawa berhenti merokok sepenuhnya atau untuk selama-lamanya dalam tempoh 3 bulan akan datang akan....

- | | |
|---|---|
| 1. <input type="checkbox"/> Tidak baik | <input type="checkbox"/> Baik |
| 2. <input type="checkbox"/> Berbahaya | <input type="checkbox"/> Berfaedah |
| 3. <input type="checkbox"/> Tidak menyenangkan | <input type="checkbox"/> Menyenangkan |
| 4. <input type="checkbox"/> Tidak menguntungkan | <input type="checkbox"/> Menguntungkan |
| 5. <input type="checkbox"/> Luar kawalan saya | <input type="checkbox"/> Dalam kawalan saya |
| 6. <input type="checkbox"/> Susah | <input type="checkbox"/> Mudah |

CODE
P. 1
P. 2
P. 3
P. 4
P. 5
P. 6

Q. Keupayaan Sendiri untuk Berhenti Merokok

CODE

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

	Sudah tentu tidak boleh	Tidak boleh	Mungkin	Boleh	Sudah tentu boleh	
1. Anda pasti, anda boleh berhenti menghisap rokok sepenuhnya atau untuk selama-lamanya dalam masa 3 bulan akan datang?						Q. 1
2. Anda pasti, anda boleh berhenti merokok jika anda dengan rakan-rakan anda berseronok di mana kebanyakan orang di sekitar anda dalam sedang merokok?						Q. 2
3. Anda pasti, anda boleh berhenti merokok jika anda gelisah atau tertekan?						Q. 3
4. Anda pasti, anda boleh berhenti merokok jika anda ketagih untuk menghisap rokok?						Q. 4
5. Anda pasti, anda boleh berhenti merokok dan anda sedar kesukarannya?						Q. 5

R. Regangan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

						CODE
	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Iklan tentang merokok telah terpesong						R. 1
2. Iklan telah diperbesar-besarkan						R. 2
3. Iklan tentang merokok adalah membosankan						R. 3
4. Saya merasakan dipergunakan oleh iklan						R. 4
5. Iklan sengaja cuba memanipulasikan perasaan saya						R. 5

S. Penglibatan

Bahagian ini menunjukkan sejauh mana anda setuju atau tidak setuju dengan setiap pernyataan berikut. Tandakan (/) pada setiap baris antara **SANGAT TIDAK SETUJU** dan **SANGAT SETUJU**.

						CODE
	Sangat Tidak Setuju	Tidak Setuju	Sama ada Setuju atau Tidak Setuju	Setuju	Sangat Setuju	
1. Merokok adalah penting bagi saya						S. 1
2. Merokok sangat bermakna kepada saya						S. 2
3. Merokok adalah salah satu dalam perkara saya						S. 3
4. Merokok adalah keperluan saya						S. 4