AN EVALUATION OF THE COMBINED EFFECT OF COMMUNICATION AND STATUTORY POLICY ON LIMITING TOBACCO USE

A RESEARCH PROJECT SUBMITTED TO

THE SCHOOL OF JOURNALISM AND MASS COMMUNICATION

OF

THE UNIVERSITY OF NAIROBI,

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREEOF MASTERS OF ARTS

(MA-COMMUNICATION STUDIES)

BY OSANYA SAMSON OJWANG'

STUDENT NO: K50/P/7391/04

PREPARED UNDER THE SUPERVISION OF

DR JOSEPH MBINDYO

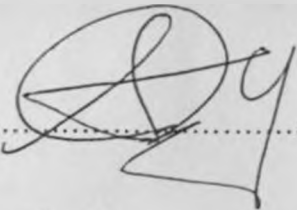## AT THE SCHOOL OF JOURNALISM AND MASS COMMUNICATION (UoN)
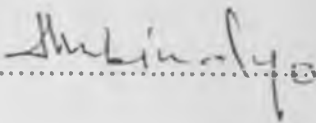
AUGUST 2008

DECLARATION

This Research Project is my original work and has not been submitted for award of a degree at the University of Nairobi or any other University.

Signed .... Date 21/10/08

Osanya Samson Ojwan'g
Reg. No. K 50/P/7391/04

This Research Project has been submitted for examination with my approval as the University Supervisor

Signed .... Date 23/10/08

DR. Dr Joseph Mbindyo
School of Journalism
University of Nairobi

DEDICATION

This study is dedicated to my beloved wife Alice Osanya and son Eliezer Hono who ceased to be jealous of my love for this engagement and for their personal sacrifices which enabled me to complete the study.

ACKNOWLEDGEMENT

ABSTRACT

The objectives of the study were to establish the impact of Information, Education and Communication in reducing the abuse of tobacco; determine the impact of regulatory control on smoking behaviour of Nairobi residents; and to determine the impact of tax increase in reducing the smoking epidemic.

The population of interest were all traders handling cigarettes in Nairobi and smokers in all smoking zones within the central business district in Nairobi. Out of the one hundred sampled respondents smokers and traders in each case, 77 smokers and 54 traders responded representing a response rate of 77 per cent and 54 per cent respectively. Data was collected through interviewer administered questionnaires. The data was analysed using descriptive statistics such as mean scores and percentages. Findings were presented in tables and charts.

The study established that advertisement plays very little role in introducing people to smoking. It was found that 56 per cent of the smokers had tried between 1 – 4 times without success to quit smoking. Different media has varying influence on the memory of smokers. It was indicated that Television (TV) has the highest influence on recall of anti – tobacco messages among smokers.

Results demonstrated that regulatory control on smoking has been very successful in Nairobi. The ban on smoking has raised the percentage of people who smoke less than 5 cigarettes per day from 22 per cent before the ban to 38 per cent after the ban. The ban has also reduced the percentage of smokers whose daily consumption is in excess of 15 cigarettes per day from 35 per cent before the ban to 21 per cent after the ban. It was found that tax increase on cigarettes has no significant impact on reducing smoking but, has major impact in protecting the environment.

Given the importance of communication, education, and regulatory policies in controlling the use of tobacco it is recommended that:

i) Future tobacco control policies should focus on handling peer influence with the aim of reducing its impacts on introducing non smokers to smokers.

ii) The ban on public smoking should be sustained and cigarette traders educated about the importance of controlling tobacco use. Enforcement of the anti – tobacco law should be strengthened through training of enforcement authorities.

iii) Future research should investigate the communication strategies used by behaviour change agents to improve message effectiveness in the tobacco industry.

LIST OF ABBREVIATIONS

BAT	British American Tobacco
BCC	Behaviour Change Communication
DN	Daily Nation (newspaper)
EPA	Environmental protection Agency
EU	European Union
FCTC	Framework Convention on Tobacco Control
FGD	Focused Group Discussion
GOK	Government of Kenya
GYTS	Global Youth Tobacco Survey
IEC	Information, Education and Communication
KPA	Kenya Parents Association
MDG	Millennium Development Goal
NACADA	National Agency On The Campaign Against Drug Abuse.
NFIC	National Tobacco Free Initiative Committee
TC	Tobacco Control
TFI	Tobacco Free initiative
NGO	Non Governmental Organization
WHO	World Health Organization

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

1.1 Background

The tobacco pandemic is a worldwide problem in need of a concerted global intervention. The whole world is united in the anti –tobacco crusade by the World Health Organisation (WHO) through a global accord known as, Framework Convention on Tobacco Control (FCTC) signed in 1996 (Odhiambo P.A: Ed, 2002). The implications of tobacco use are known; it burdens the health systems, costs taxpayers money, and impedes economic productivity.

The tempo and magnitude of anti tobacco lobby groups has been so enormous that in some cases total bans have resulted (Ngunjiri, 2005). Before 1907, there were no tobacco firms in Kenya until British American Tobacco (K) Ltd came into the market. Previously, tobacco popularly known as 'mbake' in central Kenya was chewed and sniffed by elderly members of society as a pass time activity and as a sign of maturity especially among men (Ngunjiri, 2005). It is estimated that of the 34 million people in Kenya, over 5 million are smokers

By 2002 the world was losing an estimated 4.9 million people annually to tobacco related infections and the trend is expected to rise to 10 million deaths by 2030. It is said that 70% of the casualties of tobacco related complications are from the developing world. This indicates worrying trends in the African continent which is plagued by poverty, unemployment, poor health and low standards of living. Figures reveal that 7 billion cigarettes were smoked in Kenya in 2007, which translates to an

4

average per capita of 200 cigarettes annually. The tobacco smoke affects non-smokers including the infants and the unborn child (Odhiambo PA,ibid).

Studies by the Ministry of Health (MOH) claim that Kenya looses some 20,000 citizens each year to cigarette smoking and it is perceived that a ban on smoking in public places would drastically reduce that figure. Although the prospect of death by lung cancer is grim and there isn't a cure in sight, information linking cigarette smoking with lung cancer hasn't deterred smokers at all. Infact new smokers continue to be initiated into the habit.

Ayanian and Cleary (1999) suggest that smokers are unable to understand the risks they face due to smoking. They show that even heavy smokers and those with cardiac risk factors do not perceive themselves at higher risk of experiencing heart attacks or developing cancer. This supports the arguments that smokers are "optimistic" and deny risk information to justify their behaviour.

According to Odhiambo PA, (2002;53), MOH figures estimate Kenya's tobacco smoking prevalence by the year 2002 at 67% for males, 33% for females with approximately 45% of them being under the age of 20 years. The MOH observes that Kenya spends five times more on treating smoking-related health problems than it raises from tobacco sales. In 2006 the Government spent 18 billion shillings on the treatment of tobacco related illnesses either as a direct result of smoking or of consuming second hand cigarette smoke.

Kenya is a signatory of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), which mandates the government to take appropriate measures to protect the non-smokers. Kenya has already enacted and enforced a law against smoking in public places. The Nairobi city council has been optimistic in ensuring that the anti– tobacco regulation succeeds.

The city council has been instrumental in supporting enforcement of anti – tobacco law through arrests of persons who fail to comply with the regulation. Nairobi and Nakuru have designated smoking zones for cigarette smokers. Several Kenyan municipalities have already declared their towns to be no-smoking zones following a national extension of the ban on public smoking in July 2008. Smokers in Mombasa and Kisumu have requested their respective local councils to also assign public smoking zones. Violation of the anti tobacco laws attracts a prison term of up to six months or a fine of between Shs.3000 and K.Shs.50, 000.Public places include office blocks and their precincts, learning institutions, residential areas, and places of worship, police stations, prisons, markets, malls, theatres, and all public amenities.

The National Agency on Campaign Against Drug Abuse (NACADA) has successfully lobbied against the outdoor advertising of liqueur and tobacco near schools. This coupled with the enactment of the Tobacco Control Act-2007 (TCA-07) which spells the ban of smoking in public places, clearly demonstrates the seriousness with which the Kenya Government takes the problem of tobacco and alcohol abuse. The ban on public smoking took effect in May 2005, prior to the legislation of the TCA in September 2007.The legislative action came to complement NACADA's

Information and Education Communication (IEC) efforts that have been in place for a long time.

Accordingly drastic IEC efforts are needed on the part of the mass communication in conjunction with relevant government enforcement agencies to ensure that consistent and sustained anti smoking messages are brought to the attention of the public, especially to women and young people in the regions where baseline levels of awareness are low.

This study aims at explaining that while IEC campaigns are a veritable tool in the war against tobacco, they are unlikely to be effective to influence smoking-behaviour change unless they are complemented by some legislative control measures.

1.1.1 Regulation of tobacco in Kenya

Tobacco use and regulation has been one of the most controversial public policy topics at the health, communication, culture and economic levels of Government. The Kenyan tobacco market is estimated at 7 billion sticks every year (BAT, 2006) showing that the numbers of smokers have been increasing particularly among youth.

Increasing abuse of drugs including cigarette smoking in schools illustrates the rising number of smokers. From a regulatory perspective, the principal challenge is how to regulate a product that is life threatening when it is used as intended, but remains legal for most people over eighteen years of age (Jacobson and Wasserman, 1977). As a consequence, tobacco control reveals some of the most salient tensions between the

7

Government and anti smoking crusaders on the one side and cigarette manufacturers and traders on the other side.

The debate over the scope of anti smoking regulation barring smoking in public places is far from settled. The tension between individual liberties and the Government's intervention initiatives to protect the citizen's health is at issue. That the state has the right to regulate smoking to secure the public's health is beyond question (Jacobson and Wasserman, 1977). The policy debate is about when, how, and under what circumstances the state should exercise that power (Jacobson, Wasserman, and Raube (1993). Despite a few 17th – Century restrictions, significant anti smoking legislation was not enacted until the second half of the 19th Century, primarily in response to the fire hazards caused by smoking.

In Kenya, an earlier attempt to control the tobacco industry was made in the 1980s by then Health Minister, Arthur Magugu (The East African, September 29 – October 05, 1999). The Kenya Government has recently moved to regulate the industry by introducing the TCA-2007, while courts around the world have awarded exorbitant compensation claims against tobacco companies in damages arising from cigarette smoking. Even before the enforcement of the TCA 2007, anti smoking by –laws of Nakuru Municipality and Nairobi City council which outlawed smoking in public attracted strong complaints by traders and smokers and threatened cigarette sales.

It has been observed that retailers continue to break the law by selling single cigarette sticks, and defying the law on selling to minors as required by the Act. Smokers in the sub-urban and rural areas still smoke in prohibited public places. Retailers in rural

areas have largely ignored the requirement that they post notices that forbid them to sale to underage persons.

There is also a reluctance to keep watch over the Act as the enforcing officer must bear the burden of proof in a court of law. The proposed Shs. 50,000 fine for lack of compliance is considered too draconian to the poor thus eliciting public sympathy for offenders (Daily Nation. 8th July 2008). There exists the possibility of smokers resorting to the more risky unrefined tobacco and the rise in contraband tobacco.

1.1.2 Information, Education and Communication about tobacco use:

The Government's ritual increase in excise duty on tobacco products has failed to curb the escalation of tobacco use. WHO has in the past blamed the tobacco pandemic on the lack of sufficient human and institutional capacity in especially enforcement and implementation of anti – tobacco laws.

The foregoing circumstances point to a gap in the anti- tobacco campaign that has laid great emphasis on legal and economic control measures. Ruth Roemer (1993; 129-130) advocates for a merger of legislation and information, education and communication (IEC).

> The role of education is critical in the anti tobacco campaign. Education reinforces legislation and legislation lays the basis for information and education (ibid)

Through IEC, the impact of the tobacco effect can be magnified by involving other stake holders in the process as well. Douglass *et al.* (2004) argue that the great public support enjoyed by anti tobacco campaigns can be the basis for advocacy wherein the public can be invited to participate in policing legal and economic control measures. An elaborate and concerted IEC programme that addresses addiction and dependence can indeed go together with all other efforts towards limiting tobacco use.

1.1.3 Antecedents of Tobacco development in Kenya

The tobacco plant is believed to have originated from the West. Prior to European influence, the Americans, and West Indians used tobacco for ceremonies, medicinal purposes and to alleviate hunger pangs during famine. Today the leaf of the plant is prepared and consumed by smoking, chewing and sniffing.

The tobacco industry in Kenya is estimated to employ over 600,000 people indirectly (D.N., May 30, 2003). About 30,000 to 40,000 metric tones of locally grown tobacco is processed and exported annually. The tobacco industry in Kenya is duopolistic in nature. It is a consolidated industry by two giant companies namely the British American Tobacco (K) Ltd and Mastermind Tobacco Ltd.

According to health experts, tobacco leaves contain over 19 known carcinogens in addition to nicotine. (Sokoni, May/ June 2001, Odhiambo PA. 2003). Due to this fact, the tobacco industry worldwide confronts an increasingly hostile business environment.

1.2 Statement of the problem

Smoking is recognized as a preventable addiction causing a large number of fatal diseases, such as lung cancer, chronic bronchitis, heart attacks and emphysema. Addictive nature of tobacco poses many challenges to Kenya's economy as a result of increased deaths from tobacco related illnesses and higher costs of resources spent in treating tobacco related diseases which otherwise would have been channelled to more priority areas such as poverty reduction, education and rural development.

Currently, cigarettes are one of the most accessible goods in all countries, despite the fact that in most countries, there is some sort of regulation on smoking in public areas, information and advertising. Regulatory measures aim at reducing the extended effects of smoking. However, informational campaigns and advertising bans do not necessarily stop individuals from smoking.

The Kenya government has responded by establishing and enforcing anti–tobacco legislation in an attempt to reduce demand but this measure proves to be insufficient as it faces serious challenges of enforcement and compliance. IEC on the risks of smoking have been extensive and the dramatic smoking prevalence rates in Kenya continue to increase the need for tobacco control. There obviously is emerging a dire need for sustained IEC programme to reinforce the implement of the TCA-2007,even if only to limit the population of beginners and encourage quitting among those who have not yet developed heavy addiction to nicotine.

Tobacco consumption has increased from 6 billion sticks in 2002 to 7 billion in 2007. Furthermore a national Survey by Global Youth Tobacco Survey (GYTS) in 50

Kenyan primary schools revealed that 400,000 children were active cigarette smokers. One hundred and sixty thousand of the child-smokers were girls and the TFIC estimate that the number of girls will soon equal that of boys (Odhiambo PA, 2003).

This trend is a worrying prospect for graduation to drug abuse, indiscipline in schools, an escalation in crime, insecurity and an increase in the incidents of tobacco related illnesses and deaths.(Odhiambo PA.,ibid, 39).

Although the determinants of smoking behaviour have been extensively reviewed in the literature, comprehensive studies on attitude change that leads to cessation are still few. There are strong controversies regarding which are the most effective policies to assist individuals to quit smoking (Costa and Mossialos, 2006). Intuitively, we might speculate that some of these policies may be more efficient than others.

A study by Tiang'a (2006) established that traders perceived tobacco regulation to have negative effects on their sales. Given the dangers associated with smoking and the concern of the government to tremendously reduce smoking among Kenyans, it is important to investigate the relative effectiveness of IEC and regulations in helping Kenyans to quit smoking. The study aims to bridge the existing knowledge gap by finding responses to the following research questions.

1.3 Research questions

(i) How does IEC lower the beginning and abuse rate of tobacco?

(ii) What is the impact of anti–tobacco laws in controlling the smoking behaviour of Nairobi residents?

(iii) Does increase in excise duty on tobacco products reduce the rate of smoking?

iv). To what extent does the combined anti tobacco policy measures and IEC limit tobacco use among smokers in Nairobi?

1.4 Research Objectives

The objectives of the study were to:

Establish the impact of IEC in limiting the use of tobacco products.

Determine the impact of regulatory control on smoking behaviour of Nairobi residents

Determine the impact of tax increase in reducing the smoking epidemic

1.5 Justification of the study

The study will provide information relevant to the war against tobacco. It will show the implication in terms of policy formulations with regard to the restrictions on smoking in public places while forming a baseline against which to monitor the impact of the control efforts.

The study will generate vital information for use by policy makers and contribute to improved public health. In 2006 the Kenya Government spent 18 billion shillings on the treatment of tobacco related illnesses. This research will help in making the anti tobacco campaign more cost effective as it will go a long way in assisting health planners in setting the priorities of intervention- funding in terms of amounts and appropriate demographic targeting.

Communications planners will enhance their strategies in informing and educating the public about the dangers of tobacco consumption. The campaigns will target households and other areas that face the risk of smoking.

The outcome of this study will justify the complementary role played by communication in the enforcement of the TCA-2007. This will further bring into focus the need for the government to enact legislation to support IEC in cases where addictive and ingrained behaviours must be changed.

The Findings of the study will be useful in evaluating the existing control interventions and in explaining why the expected changes in tobacco use have or haven't occurred.

Communication planners will use this research as a basis for evaluating the existing IEC strategies with a view to refining them or designing better ones.

The agencies involved in the anti tobacco war will use the findings of this study to expand their capacities to monitor the quality of their campaigns and the outcomes of their efforts. They will appreciate the need to keep track of the tobacco industry's counter-strategies such as corporate social responsibility, new-media advertising, themes, promotions, and legislative lobbying efforts as well as changes in product packaging, design, pricing and positioning.

1.5 Delimitations of the study

The subject of tobacco use control has received widespread attention from health scholars, the NGO sector, government and various communication practitioners. The scope of this study is limited to control measures in Nairobi, and shall therefore concern itself with the effects of anti-tobacco-specific IEC, legislation and policy in Nairobi particularly.

The sample size limited findings of the study since traders and smokers in Nairobi city only were considered. If a larger sample would have been considered, the findings would have been different.

The cost of data collection limited the study to Nairobi and the results may not represent the views of rural smokers and cigarette traders where the TCA compliance hasn't properly taken root.

1.6 Conceptual framework

1.6.1 Uses and gratification theory

It is concerned with how people use media to satisfy their needs (an outcome of Abraham Maslow's Hierarchy of Needs). Uses and gratifications theory takes a more humanistic approach to looking at media use. Blumler and Katz believe that there is not merely one way that the populace uses media. Instead, they believe there are as many reasons for using the media, as there are media users.

According to the theory, media consumers have a free will to decide how they will use the media and how it will affect them. Francis Wete (Okigbo .C.–ed, 1996) says

that the extent to which people will depend on media messages will also depend on the utility for these messages to the individuals or the society.

Blumler and Katz observe that values are clearly seen by the fact that consumers can choose the influence media has on them as well as the idea that users choose media alternatives merely as a means to an end. Uses and gratification is the optimist's view of the media. The theory takes out the possibility that the media can have an unconscious influence over our lives and how we view the world. The idea that we simply use the media to satisfy a given need does not seem to fully recognize the power of the media in our society.

The first assumption of uses and gratifications theory is that a change in one part of the system, will of necessity, cause a change in another part of the system. The second assumption of this theory is that audiences use the media to fulfil their expectations. Media use is a means to satisfy wants or interests. The third assumption of uses and gratifications theory is that audience members are aware of and can state their own motives for using mass communication.

1.6.2 Social responsibility theory

Social responsibility theory owes its origin to an American initiative – the Commission on Freedom of the Press. Its main impetus was a growing awareness that in some important respects the free market had failed to fulfil the promise of press freedom and to deliver expected benefits to society. In particular, the technological and commercial development of the press was said to have led to lower chances of access for individuals and diverse groups, and lower standards in meeting the informational, social and moral needs of the society (Wofford, J. C., et al., 1977).

Social responsibility theory has a wide range of application, since it covers several kinds of private print media and public institutions of broadcasting, which are answerable through various kinds of democratic procedure to the society.

The theory has thus to reconcile independence with obligation to society. Its main foundations are: an assumption that the media do serve essential functions in society, especially in relation to democratic politics: a view that the media should accept an obligation to fulfil these functions – mainly in the sphere of information, and the provision of platform for diverse views, but also in matters of culture; an emphasis on maximum independence of media, consistent with their obligations to society; an acceptance of the view that there are certain standards of performance in media work that can be stated and should be followed.

1.6.3 Innovations diffusion theory and The 'Two-Step Flow'

This study seeks to demonstrate that the diffusion of anti tobacco messages will come about by media communication and interaction between persons through the influence of interpersonal communication networks, group dynamics, system effects and social learning processes.

The classical diffusion of innovations model by Rogers and Shoemaker (1971) is probably the most inclusive and widely acknowledged among the many theories, models and concepts in social sciences that are concerned with social interaction. (Mbindyo, 1991). The model distinguishes four main elements in the diffusion process:

The innovation ⟶ channels ⟶ Over time ⟶ among the members of

a social system ⟶ feedback.

The diffusion model predicts that:

The diffusion of an innovation *(health education about the effects consuming tobacco products)* in a social unit occurs primarily through communication and interaction between persons, and

An innovation *(stopping cigarette smoking)* is at first adopted only by a few. Others follow and more and more are converted in a snowballing effect. The speed of the innovation process increases, reaches a peak based on the number of members on the social unit, and then declines until finally the last ones are reached. The adopter distribution follows a bell-shaped curve over time and approaches normality.

Once a certain section of a social unit (innovators and part of early adopters) have adopted an innovation, *(ceasing to smoke)* it spreads automatically among other members of the system as long as the diffusion process is not interrupted by intervening factors.

Thus, the classical diffusion model attaches special importance to persons through whom an innovation finds entry into social system, particularly the "innovators," and the "early adopters" because the potential adopters look to these people for advice and information about the innovation.

According to the model, the important features of an innovation that determine it's rate of adoption include:

(a) The relative advantage: "the degree to which an innovation is perceived as better as the idea it supersedes-*(Better health and therefore longer life for ex smokers and saving money as well)*

(b) Compatibility: " the degree to which an innovation is perceived as consistent with the existing values, past experiences, and needs of the receiver,' *(Stopping the habit leads to better health and saving money: I want to enjoy better health and save money as well)*

(c) Complexity: the degree to which an innovation is perceived as relatively difficult to understand and use;*(I would like to stop smoking but it is difficult)*

(d) Trialability: *(Others have been able to stop smoking)* "and

(e) Observability: "the degree to which the results of an innovation are visible to others *(I can see that the health of ex smokers have improved and they save money as well)* (Mbindyo,1991).

The model presents mass media channels as more effective in creating awareness of the innovations, while interpersonal communication is more effective in forming and changing attitudes towards the innovations. Most human communication also tends to take place between individuals who are homophilous, that is, individuals who are similar in certain attributes such as beliefs, values, social economic status, and the like, than between individuals who are heterophylous, that is, dissimilar in these attributes ((Mbindyo,1991).). It is easier therefore, for one to adopt the habit of smoking or drinking as a result of peer influence (interpersonal communication). It almost certainly explains why the non-smokers outnumber the smokers in spite of the concerted exposure to tobacco advertisement.

The model also notes that the social structure of the system, which consists of the status or positions and how they are arranged in the system, has an important influence on the speed of diffusion and adoption of innovations through system effects. Furthermore, the social norms, social status, and hierarchy of individuals or groups within a social system influence the behaviour of individual members and consequently their innovative behaviour (Mbindyo. 1991.).

1.6.4 Communication Networks Theory

A communication network consists of any number of individuals in the system. starting with a source person and sequentially continuing through all the individual's related groups. Networks consist of a number of groups within the social system. The apparent randomness in the adoption of innovations could be reduced once the interpersonal communication networks in a community are understood(Mbindyo, 1991.).

Identifying the presence or absence of a reasonable amount of interpersonal communication between the individual and communicator, such as change agent, adopter, and opinion leader, will increase the explanatory power of a diffusion model. Network analysis can also help to answer some of the crucial diffusion question, such as how information about anti tobacco use attitude or behaviour becomes available, where and to whom this information is presented, and, most important, the reasons for how, where, and whom.

Thus the structure of communication networks has a direct effect on the rate of diffusion of an innovation in that information and attitude change spreads more quickly where individuals are highly connected. Where members are divided into cliques or factions, diffusion is more difficult and collective action may be impossible (Mbinyo, 1991).

The personal communication network of an individual has also been found to have an important influence on his behaviour in that the individual is more likely to be influenced by the norms of his community. Rogers and Kincaid (1981) have also noted that network channels link those individuals who are spatially close and social-economically similar because interpersonal communication among them is usually easier (Mbindyo:op.cit). Family Planning studies in India, Malaysia and Republic of Korea, have shown in that acceptance pattern is shaped by interpersonal communication networks and particularly by characteristics of interpersonal cliques.

1.6.5 Group dynamics approach

Closely related to interpersonal communication networks in explaining the diffusion process is the group dynamics approach. This perspective views the individual as a social being with an intimate dependence on others for knowledge and decisions on his attitudes and actions. The groups one belongs to, identifies with, or even avoids joining are important in shaping beliefs, attitudes, and behaviour.

A major factor that changes people's attitudes, beliefs, and perceptions is discrepancy between an individual's attitude or behaviour and the group norm. The mere awareness that one holds a position different from that of the group norm is sufficient

21

to make one change his position to be in line with that of the group's if acceptance, approval, and recognition are needed.

In groups, pressure exist that cause people to behave, think, and even feel alike. One of these pressures is the tendency of people in a group to reject and dislike those who are very different. A person whose opinions, attitudes, or acts are remarkably different will be rejected. The fear of rejection from a valued group generally causes people to conform to its behaviour. Thus social pressure towards uniformity can affect what one does even when an objective reference exists.

In case of the innovative behaviour; peoples opinions and attitudes towards innovations are strongly influenced by the norm or opinion held by the group to which they belong or want to belong; and they are rewarded for conforming to the decision of the group about the innovation and punished for deviating from it (Mbindyo;ibid).

1.6.6 System Effect

The concept of system effect refers to the impact of others on the behaviour of the individual. It appears in literature under different names such as "diffusion effects" "tipping point" "threshold model". An "individual's threshold is the point at which they decide to adopt the innovation because the perceived subjective benefits outweigh the subjective costs of adoption.

There exists a myriad of factors that may cause some individuals to have high initial resistance to innovations, while other individuals have relatively low resistance.

According to Rogers and Shoemaker (1971), when the level of information about an innovation is very low, adoption of the innovation is unlikely for any given individual.

But when the level of information increases past a certain threshold, adoption is more likely to occur because the general-generated pressures towards adoption increase. In other words adoption is increased by each additional input of knowledge and influence to the systems communication environment Social acceptance of an innovation is likely to exert social pressure towards adoption in several ways. First the development of the community norm favouring the innovations is most likely to generate opinion leadership for the innovation, usually among the early adopters of the innovation.

Secondly, social acceptance tends to lend status to the innovation and its adopters or loss of social status for non-adopters. A social group punishes its members both for adopting an innovation prematurely as well as for not adopting it once the group accepts it. The pressure from peers forces individuals to toe the line by adopting the habit.

1.6.7 Learning theory

The theory argues that most human behaviour is learned by observation through the informative function of modelling, which is usually determined by social and psychological characteristics of the model, such as prestige, power competence, expertise, and social-economic status; the attributes of the observer, particularly their real or perceived similarity with the model; and the response and the consequences anticipated with the behaviour.

Social learning theory also emphasizes the role of vicarious reinforcement and incentives. Vicarious reinforcement is indicated when observers increase behaviour which they have seen others reinforce. Rewarded modelling is more effective than modelling alone in inducing behaviour. Furthermore, although observed positive consequences are also likely to foster adoption of behaviours, the theory predicts that direct incentives have greater motivation power than vicarious ones when it comes to maintaining behaviour over time.

The theory also recognizes the number of factors that determine whether people will adopt what they have learned. The major factors advocated by the theory are concerned with the attributes of the innovations, stimulus inducements and resources necessary for adoptions of many innovations. Social learning theory generates the following points regarding the practical adoptions of innovations.

Innovations that are highly visible, easy to match, and perceived to pose less harm or loss are likely to diffuse more rapidly. Stimulus inducements associated with the innovation, such as anticipated statistics on, observed or perceived benefits, functional value, and social approval, act as motivation to adopt. The reverse is also true.

High fear appeal messages are likely to turn off audiences since the inductions usually involve gruesome pictures depicting consequences of not accepting the message recommendations. Smokers with low self esteem and low intelligence levels will feel

threatened by contradictory information in the persuasive messages. However high

fear appeals can be made more convincing if the audience attends to the messages.

Studies by Mc Guire and Tan (1985) show that many of the variables may have

'opposite effects' on receptivity (attention and comprehension). Research in

compliance indicates that action some times precedes yielding meaning that people

can be forced to do things they don't believe in and eventually end up acceding to the

forced behaviour (ibid).

This theory supports the logic of using compulsion to control tobacco use through legislative and economic control measures. The greater the assurance that the behaviour will lead to some rewards and avoidance of aversive stimulation the more likely it is that the behaviour will be performed.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Tobacco is the legal consumer product that harms its users. It is the second leading cause of death in developed and low morality developing countries and WHO ranks it fourth in the world in its contribution to the years of life lost. The World Bank projects that tobacco will kill 10 million people annually by 2030 and that 7 million of these will be in low income and middle income countries. As the educated and prosperous people abandon smoking the practice is becoming increasingly concentrated among the poor in most societies (World Bank 1999). The following sections explore literature on IEC and regulation.

2.2 Tobacco Regulation

Regulation refers to the laws which govern everything we do from how the product is grown, its manufacture, marketing and sale (BAT Training Manual, 2005). Regulation on tobacco worldwide is driven by World Health Organization Framework Convention On Tobacco Control (WHO-FCTC), anti – tobacco advocates, scientific and medical communities, media and regulators.

Despite a few 17th – century restrictions, significant anti – smoking legislation was not enacted until the second half of the 19th century, primarily in response to the fire hazard created by smoking (Jacobson, Wasserman, and Anderson 1997). Two themes

characterized this early legislation: one theme focused on the fire hazard created by smoking while the other concentrated on the morality of smoking.

Eventually, opposition to smoking on moral grounds was swept aside by the economic benefits associated with tobacco production and consumption. As the popularity of smoking grew, states realized that cigarette taxes were an important source of revenue, so early anti – smoking legislation was repealed (Jacobson, Wasserman, and Anderson 1997).

In fact, by 1927, all state statutes were repealed and anti – tobacco movement was legally, as well as practically dead. The political tide did not begin to turn again until the 1960s and lacked momentum until the 1980s. In recent years, the primary argument justifying regulation of tobacco products has been the associated health costs and risks.

The United States and Europe have already declared war on tobacco companies. At the beginning of the 20th century in the US, 14 states had passed laws banning the production, sale, advertisement, or use of cigarettes within their boundaries. For example, in 1897, Tennessee adopted a statute to prohibit the sale of cigarettes. The statute was upheld by the Tennessee and United States Supreme Courts as a valid exercise of a state's police power to protect public health. New Hampshire made it illegal for any person, firm, or corporation to produce, sell, or store for sale any form of cigarette.

In New York, women were forbidden to smoke in public. Progressive reformers in the early 20th century were particularly concerned about the demoralizing effects of tobacco on children, leading to laws prohibiting tobacco sales(primarily cigarettes) to children under the age of 18 (or 21 in many US states) As smoking grew in popularity, the laws were not enforced and, in many instances, were ultimately repealed.

By 1909, when the last of these early state laws were passed, national cigarette sales had increased by 100% in five years. Smoking rates increased dramatically in the 1930s, with the greatest percentage gains manifesting during the period and immediately following World War II. In 1945, 267 billion cigarettes were sold, 12 per cent more than in 1944, 48 per cent more than in 1940, and 124 per cent more than in 1930 (See Wagner, 1971; as reported in Jacobson, Wasserman, and Anderson 1997).

The most recent scientific debate on smoking concerns the effects of passive smoking. In 1990, the Environmental Protection Agency (EPA) released a draft report that reviewed twenty – four epidemiological studies. The EPA concluded that passive smoking causes 3,800 lung cancer deaths each year (See EPA, 1992; as reported in Jacobson, Wasserman, and Anderson, 1997). Passive smoking appears to be a particular risk to infants and children. The above arguments have largely propelled recent regulatory restrictions, but they are not universally accepted as a justification for intervening in the market.

Tobacco firms are big investors in Africa, bringing in huge tax revenues for cash – strapped governments. Cigarette manufacturing plants employ thousands of people,

while millions more work on tobacco farms. Western countries are tightening their control on the big tobacco companies through stringent laws and lawsuits. But the companies are finding fertile markets in Africa. In Kenya alone, a quarter of the population; nearly five million people are smokers. BAT, acknowledges the health risks associated with smoking but feels it should be treated as a right for those who chose smoking as their preferred lifestyle.

Chris Burrel. BAT managing director in Kenya argues that smoking is part of Kenyan culture and rejects WHO proposals for a global ban on tobacco advertising. Rabin (1991) argued that current tobacco control legislative efforts lack a coherent underlying justification. in part because the health risks are primarily borne by the smoker. and in part because the harm threshold for many non smokers (such as restaurant patrons) has not been shown to be substantial.

Further, Rabin and Sugarman (1993) argue that changing civil norms, rather than regulations will lead to reductions in smoking in public places. It is important to note that these commentators. while noting certain conceptual limitations in the current regulatory regime, do not oppose smoking regulations. Other commentators, especially the libertarians, capitalists and legalists argue that the market should determine where and how smoking is to be regulated.

These commentators actively oppose smoking regulations on conceptual grounds as unjustified governmental paternalism. Supporters of the tobacco industry also argue that smokers retain certain rights in pursuing personal social behaviour and should not be discriminated for their tobacco use (Jacobson, Wasserman and Raube, 1993).

Much of the opposition to tobacco control laws is based on philosophical arguments. A few commentators nonetheless challenge certain aspects of the scientific evidence. As the scientific evidence of tobacco's harmful effects mounted, legislative activity grew on both the state and federal levels in the US.

An earlier attempt to control the tobacco industry in Kenya was made in the 1980s by Health Minister Mr. Arthur Magugu. In a legal notice dated July 31, 1984, Mr. Magugu enforced the printing of the warning *'Cigarette Smoking can be Harmful to your Health',* in both English and Kiswahili, on all cigarette packets (The East African, September 29 – October 05, 1999). Under pressure from a growing anti – smoking lobby and international health agencies, Kenyan health authorities have been toying with the idea of enacting more stringent anti – tobacco legislation since 1995, when the first anti – tobacco bill was drafted, and then shelved without explanation.

If enacted, the anti – tobacco bill would have been the latest in a long list of health Acts, which included the Radiation Protection Act, that came into force on November 01, 1994; the Chang'aa Prohibition Act, enacted on August 15, 1980 (The East African, September 29 – October 05, 1999). The government of Kenya published another anti – tobacco bill in May 12, 2006 prohibiting smoking in public places and banning advertisement of cigarettes. The draft bill which, proposed to place the production and marketing of all tobacco products under the control was the precursor of the TCA 2007 that is currently in force.

The board would oversee the quality of tobacco products on sale, including prescribing the maximum levels of tar and nicotine content and carbon monoxide

31

yields, in line with ISO standards. The bill was however shelved upon complaints by tobacco companies. In another radical departure from current retailing practices, cigarettes will only be sold in packets, with prescribed minimum of 20 sticks per pack (GOK, 2006). The apparent prohibition on the sale of loose sticks is expected to discourage the purchase of cigarettes by minors by making smoking an expensive habit (The East African, September 29 – October 05, 1999). Retailers would also be required by law to display conspicuous signs, in both English and Kiswahili, stating that the sale and distribution of tobacco products to those less than 18 years is prohibited.

To further make cigarettes inaccessible to minors, no tobacco products was to be allowed to be distributed by mail, except between manufacturers and retailers (The East African, September 29 – October 05, 1999). Only tobacco products which displayed details about emissions and their potential health hazards would be allowed for sale in Kenya. Manufacturers or distributors who contravened this requirement would be liable upon conviction to a fine not exceeding KShs. 500,000, or to a jail term of up to three years (GOK, 2006). In another significant departure from current practice, the bill proposed to ban the distribution of free tobacco products and branded promotional merchandise such as T – shirts, hats and bags with cigarette brand names or insignia for marketing purposes.

Cigarette manufacturers were prohibited from marketing their products through the promotion or sponsorship of sporting, cultural, artistic, and recreational or entertainment programmes.

2.2.1 Tobacco Control Act

While tobacco control agencies are involved in IEC initiatives the government is fighting the epidemic in the economic and legislative front. The Tobacco Control Act (TCA) 2007 is the hallmark of legislative control. The TCA, 2007 is a mutation of the 1995 anti tobacco bill and the 2006 tobacco control bill. It provides a legal framework to control the production, manufacture, advertising, distribution, marketing and use of tobacco products. The Act protects the general public from the harmful effect of tobacco smoke.

The Act outlaws several transgressions including public smoking. Managers and proprietors of smoking-prohibited areas are required to display warnings in English and Kiswahili stating that smoking is prohibited in the premises. They are empowered to take appropriate action against offenders. They may provide designated smoking places e.g. a separate room that is sealed to prevent smoke affecting those outside and ventilated in a way to ensure that the smoke is directly exhausted outside without circulating or drifting to the surrounding rooms/areas within the facility.

The Act restricts the age of smokers as persons below 18 years need to prove their age while cigarette sellers are required to post signs in both English and Kiswahili or the predominant catchment language prohibiting the sale of tobacco to underage persons.

The use of vending machines, self services displays in self service- retail stores and single stick selling are also outlawed by the TCA-2007. The law requires that cigarettes be sold in at least a packet of 10 sticks. Simulation of tobacco products into

33

confectionery, toys and other playthings, etc to appeal to children is also banned by the Act. The TCA – 2007 requires that imported cigarettes indicate the specific country of their origin and destination e.g. and the statement *"For export only"* if the product is a Kenyan export. *"Sales only allowed in Kenya"*.

The law has banned all above board advertising, marketing, promotion of the various tobacco products brands and Public Relations strategies of the tobacco manufacturing company. It has banned all forms of corporate and brand imaging through events, sponsorships, placement in the performing arts, freebies, association and displays.

The offences attract fines of between Shs. 50,000 and Shs 3 million and or imprisonment of between 6 months and 3 years.

However in spite of all the positive gains of the law and regulatory policy, legislation cannot exclusively be able to reduce the prevalence of the tobacco epidemic because it has several challenges of compliance to the law. The Act delegates the power of enforcement to any officer authorized by law to maintain law and order. It empowers the Director of Medical Services (DMS) to delegate supervisory roles to other appointees upon whom the Act confers such institutional strength as powers to search, seize and remove tobacco products believed to be flouting the Act.

2.2.2 Challenges to enforcement of the Act

However a serious challenge to the success of the campaign is that most enforcing authorities use their power to extort bribes rather than actually arrest the offenders. Low income earners particularly affected by the Law since they cannot afford to buy

cigarette in packets. A pack of 20 cigarettes is Shs. 100 while a pack of 10 cigarettes sells at 50 shillings. A stick goes for Shs 5. The smokers may chose to evade the law by resorting to unrefined tobacco which is even more hazardous. The hand rolled tobacco may become a veritable recourse for the low income smokers. There is a trend of anti tobacco legislation sweeping across the world.

The ban includes adverts in the broadcast media; print media, outside, the cyberspace, direct mail and product placement. Cigarette manufacturers have conversely, put up a strong resistance against measures that they perceive as threatening their trade. In 2005 BAT (K) successfully lobbied and offered perks and benefits worth Shs.7 million to Kenyan legislators in order to frustrate the passing of the tobacco control Bill.

As a result of successful lobbying, BAT has relocated its production in Europe to Nairobi. In the same year BAT invested Shs. 870 million in expanding its manufacturing facilities to enable it produce several up market cigarette brands for the Ugandan market and low market brands in Rwanda (Angola press; 29th.Jan 2006). Smoking is responsible for the death of some 20,000 Kenyans each year and a ban on public smoking would significantly redeem the situation.

As the tobacco industry has moved beyond some of the traditional advertising media, the Internet and other new media are increasingly becoming viable platforms for tobacco companies to market their products without traditional regulatory limitations. On the other hand the Kenya Association of Advertisers and the Media Owners Association are disappointed by what they see as the government's harsh position

against the advertising of tobacco in the broadcast and print media. The legislation, which, came into force on 31st July 2005, following the international ban on tobacco sponsorship also bans promotions, and placements.

On the global scene, some EU countries are still reluctant to transpose the ban into their national legislation. In Spain and the Czech Republic, tobacco sponsored sports are still being held contrary to the EU law. The EU has however threatened to take legal action against its member states, which flout the ban.

In Ireland legislation has been successfully enacted to ban workplace smoking and research scientists are now urging the Government to examine the possibility of banning smoking at home. Despite the aggressive anti tobacco war, the cases of smoking in the world continue to rise. Clearly there is a need for a more assertive legislation to support the communication strategies.

IEC efforts in many countries have not been successful in reducing the prevalence of the tobacco epidemic. Labelling influences smoking behaviour by providing additional information to support the motivation not to smoke or to give up smoking (World Bank, 1999).

However some studies have found discrepancies in the effectiveness of warnings on cigarette packets. A 1998 WHO research report on warnings in 56 developing countries emphasized that warnings in developing countries were far more effective than warnings in developed countries (World Bank; 1999, 39). The average score for the developing countries was 1.6 as against 5.0 for developed countries. However,

some developing nations obtained high scores, such as South Africa which had a score of 10; and Thailand 9 (World Bank; 1999)

Poland in 1998 obliged tobacco manufacturers to provide a least 30% of the packet surface (ibid). Thailand has enacted assertive policy interventions on textual and pictorial health warnings on cigarette packets but no scientific study has been carried out to ascertain the impact of these measures (Chitanondh, 2006). According to the Thailand Country Report on Tobacco Advertising and Promotion Bans, the strong laws on advertising and promotion are not succeeding in reducing tobacco consumption due to lack of proficient enforcement (Chitanondh,2006)

The tobacco industry will go to any lengths to obstruct any graphic and elaborate health warnings. BAT-Kenya has succeeded in postponing for six months that requirement in the TCA-2007 on claims that he health ministry had not yet provided the Kiswahili translation for the warnings.

The reason why tobacco manufacturers will resist health warnings is: the pictograms are found to be very effective. An evaluation in Canada showed that 44% of smokers said he pictorial heath warnings increased their motivation to quit.58% thought more about the health effects of cigarettes, 27% were motivated to decrease their smoking rate inside heir homes, 62% thought the graphics made the packet look less attractive.(Chitanondh, Op.cit)

Phillip Morris argued in a protest letter to the Thailand health ministry that the regulation would impair the use of the company's valuable trade marks by obscuring

the marks on he pack face, thereby undermining he trademark's functions of brand identification and communication to customers.(Chitanondh ,2006). Packaging is more important to cigarette manufacturers than to other products since all forms of advertising have been banned by the anti tobacco laws.

The Tobacco Control Act (TCA) 2007 recommended that to prevent an increase in people's tobacco consumption enforcement of the advertising ban must be comprehensively planned and efficiently implemented (TCA, 2007).

In New Zealand a well funded and elaborate cessation advocacy programme in 2001 did not record any change in the smoking prevalence among the Maori as much as with the non-Maori people. The Maori smoking prevalence remained static at 51% compared to the non-Maori rate of 21% (WHO, 2001).this is further proof that the education levels of smokers has a bearing on tobacco demand. The more enlightened smokers are likely to yield to anti tobacco messages than those with low education.

Regulations controlling the access to tobacco products by selling in smaller packs have been the norm in many anti tobacco campaigns but have been counter beneficial because sale of single cigarettes and small packs works well for most smokers in low income areas because it makes the habit affordable (World Bank,2001, Op cit;39). The same logic applies in affluent societies in so far as those with low income such as children, the unemployed and the poor can find some money will easily go for a small packet than for the more expensive packet of 20 cigarettes (ibid).

Confidential marketing strategies of tobacco manufacturers reveal that the firms actually recommend smaller packets for the reason that they are a more logical size for beginners. As smokers mature, their consumption rate will double or even exceed the bigger packet as brand loyalty carries this gain to the bigger packets (World Bank, 2001, Op cit;39). The strategy is also dependent on the fact that younger smokers are more sensitive to cash outlay than to price per cigarette.

In 1998, Research in Australia, Canada and the Netherlands confirmed that mainly teenage smokers were buying smaller packets. A study in Australia showed that 56% of teenage smokers bought small packets compared to 9% of adults. 38% of 15-17 year olds in the Netherlands bought small packets compared to 12% adult smokers. The smaller packets while meant to limit the consumption of cigarettes also makes it easier for the youth to afford, children to begin and the smokers to continue the habit in prosperous societies.

2.3 Impact of tax raise on smoking behaviour

The consensus of the literature on the economic effects of existing smoking regulations is that no statistically significant impact on overall business in a community can be ascertained (Huang *et al.* 1995). Some communities appear to experience a decline in sales or employment at restaurants and bars, while others appear to experience an increase, at least over time.

Some studies find no evidence of consumer-flight to other locations, while others show some effect on bordering communities (Bartosch and Pope, 2002). However, the statistical significance of these findings is often weak or lacking.

In our free market economy, the "invisible hand" guides businesses to provide the goods and services that consumers demand (Pakko, 2006). For business owners and their employees, the impact of a ban can vary significantly, depending on their specific clientele and their marketing strategies. It is sometimes argued that secondhand smoke imposes external costs, requiring government intervention.

But in the case of private businesses—especially those in the entertainment and hospitality sectors—the profit motive provides a mechanism for business owners to internalize those costs. Individuals assess their own risks and benefits, but it is in the business owner's best interest to accommodate customers and employees, smokers and non-smokers alike.

As public attitudes have evolved, an increasing number of restaurants and other entertainment venues offer smoke-free environments. Meanwhile, some businesses continue to accommodate smokers and non-smokers with distinct and separate settings under strictly regulated standards, while others offer venues for a clientele that expects a smoke-filled atmosphere. Each proprietor is making a careful business decision about how to best fill a niche in the market and make a profit in the process.

The increasing number of establishments choosing to go smoke-free reveals that the market is responsive to people's changing attitudes. As consumers demand smoke-free options, businesses find it advantageous to provide them. A government

regulation that attempts to force the market toward a new equilibrium, however, is likely to impose transitional costs and/or long-term hardships on many individual businesses (Pakko, 2006). Proprietors and customers of businesses such as bars, bingo halls, bowling alleys, billiard parlours, and casinos tend to express greater concerns about revenue losses from smoking bans.

Survey results reveal that bar owners perceive a particularly significant threat to their business. In one nationwide survey of restaurant and bar owners, 39 percent of restaurant owners expected revenue losses after a smoking ban, while 83 percent of bar owners expected losses (Dunham and Marlow, 2000).

Economic interventions in Kenya have failed to significantly arrest the prevalence of consumption of tobacco. That the majority of cigarette smokers are low-income earners is proof of the failure of tax raises to cut tobacco consumption. From a health point of view, it is also important that he whole range of tobacco products become less affordable leading to the use of more risky alternatives like hand polled tobacco. It has been argued that the cigarette brands most affected by tax increases are those appealing to people in the high income bracket. Some of these brands include Embassy Lights. Benson and Hedges, Dunhill, which, are far beyond the reach of the low income earners.

Tobacco firms may have invented ways to circumvent the control measures for example by introducing in the market new cheaper brands to sustain the market. Brands such as Safari, Pall Mall, and Rooster are some of the new brands meant to

cushion low-income smokers against the price increases due to higher taxes on tobacco.

Two Canadian companies: Imperial Tobacco Canada Ltd, a subsidiary of BAT and Rothman, Benson and Hedges Inc, a unit of Philip Morris and Rothmans Inc, were in August 2008 charged 980 million dollars for aiding in contraband tobacco trade. The amount was paid in fines and payment to boost Canadian anti smuggling efforts for the next fifteen years. The charges relate to the period between 1989 and 1994 when tobacco taxes in Eastern Canadian provinces were so high that it prompted underground tobacco smuggling of the tobacco exports to the USA back into the country (The Standard, August 04, 2008).

2.4 Impact of IEC on smoking behaviour

Policies and programmes to control tobacco use can be assisted by reliable and timely information about the patterns, extent and trends of tobacco use among the population. The entire study of mass communication is based on the premise that there are effects from the media.

Media effect research and theory up to the late 1930's was credited with the power to shape opinion and belief, change habits of life and mould behaviours actively according to the will of those who controlled the media and its contents (Tan, 1985). Subsequent studies however differentiated possible effects according to social and psychological characteristics leading to the introduction of variables relating to intervening effects from personal contents and social environment and later to the type of motive for attending to media (Tan, 1987)

Joseph Klapper's research in 1960 (pg 8); Blumler and Mc Quail (1968) led to the conclusion that mass communication does not ordinarily serve as a necessity or sufficient cause of audience effects, but rather functions through a nexus of mediating factors. It was found that the media operates under a pure existing structure of social relationships and a particular social and cultural content that tended to have primacy in shaping the opinions, attitudes and behaviour under study. These intervening factions also influenced the choice of attention and response to media on the part of the audiences.

2.4.1 The decision to quit smoking

Smoking is a typical case where standard consumer theory may not be applicable. Standard consumer-risk theory establishes that individuals tend to undertake rational choices according to a given set of risk beliefs. However, cigarettes contain addictive substances, and after an initial period when individuals are still not addicts, addiction symptoms prevent them from undertaking a voluntary act to quit smoking or even if they do, they fail in the intent..

There is evidence that the young population tends to underestimate the likelihood that they will be adult smokers, and the most relevant determinant of tobacco consumption at this age appears to be tobacco price (Gruber and Zinman, 2000). Risk factors for initiating smoking by other family members and friends, peer approval, low socio-economic status, poor academic achievement, poor self-image, and susceptibility to influence of others and advertising images that project smoking as pervasive and glamorous.

Regarding the addiction component, it should be acknowledged that individuals have a role in determining whether to smoke. Some authors argue that smoking may be the result of a less diligent activity on the production of safety and health promotion. That is, smoking may be the result of a particular attitude towards risk (Hersch and Viscusi, 1990).

Evidence on the role of individual perceptions and family influences on smoking cessation have been reported for Israel by Sperber et al. (2000). Individual belief in one's ability to quit, satisfaction with group meetings, and spouse support were significantly associated with success in quitting.

2.4.2 IEC

Risk regulation tends to be accompanied by risk communication policies. The reason for informational and education campaigns is to correct informational failure by which individuals do not totally understand smoking risks.

If this is the case, arguably regulation alone may fail to attain its objectives. The aim of providing information is to shift individual behaviour towards healthier lifestyles. Information and education campaigns produce risk information using the media and other appropriate communication channels.

2.5 Tobacco Industry in Kenya

The cigarette industry is extremely large and profitable, and has truly global scope. Total global volume is essentially flat, with volume performance varying substantially

between markets. There are about one billion adult smokers worldwide (BAT Strategy Paper 2003).

The tobacco industry in Kenya is dominated by two major companies; that is the BAT (K) Ltd and Mastermind Tobacco Ltd. The BAT is the market leader in Kenya controlling over two – thirds of market share. However, Mastermind Tobacco has been gaining increased market share annually against BAT's declining market share (BAT Strategy Paper 2003).

The tobacco industry makes substantial contribution to economies of many countries. The tobacco industry contributes substantially to the economies of over 150 countries, with more than 100 million people world wide depending on it for employment.

Worldwide, tobacco taxation accounts for between 2% and over 30% of Government revenue. In Kenya, tobacco industry is a major contributor to taxes, employs over 600,000 people (D.N., May 30, 2003), and participates in environmental conservation. A factor that has made some powerful individuals in the government ambivalent about tobacco control measures.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research design

The study was a descriptive survey. The objective of a descriptive study is to learn who, what, when, where, and how of a topic (Cooper and Emory, 1995) and given that this study aimed at determining how communication, education and regulation impact on smoking behaviour of Kenyans, it fits the design of descriptive study. This study was carried out in Nairobi because the city does not only have high cosmopolitan populations in terms of demographic representation but also because elaborate legislative anti tobacco control measures are already being enforced.

3.2 Population of study

The population of interest in this study consisted of sellers of cigarettes and smokers in Nairobi city. The population was considered because of their experience and exposure to handling tobacco before and after enforcement of the anti – tobacco Act.

3.3 Sample size and sampling design

The sample size consisted of 100 cigarette sellers, and 100 smokers within Nairobi area. The sellers were randomly selected from a sample frame obtained from the City Council. The smokers were purposively selected from a pool of smokers in smoking zones within the city centre. Ten smoking zones were considered for purposes of the study. Deming argues that the quality of a study is often better with sampling than with a census. He further suggests that sampling possesses the possibility of better

interviewing (testing), more thorough investigation of missing, wrong, or suspicious information, better supervision, and better processing than is possible with complete coverage.

3.4 Data collection

Data was collected using a structured questionnaire. The questionnaires were given to respondents to fill as trained enumerators under close supervision by the researcher waited to pick them and explain to the respondent questions not well understood.

3.5 Data analysis

Data was analyzed using descriptive statistics. Mean scores were used to determine the impact of education, communication and regulation on behaviour change of smokers. Standard deviations were used to determine the varying degrees of the difference in which the various tobacco control measures are effective. Results were presented in tables and charts.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1 Introduction

The study used two sets of structured questionnaires to collect data. One set of questionnaires targeted 100 respondents out of which 77 responded representing a response rate of 77 per cent. The other set of questionnaires targeted 100 sellers of cigarettes but only 54 responded signifying 54 per cent response rate. The low response rate among cigarette sellers may be attributed to fear of arrest since the questionnaires were administered soon after the Government operationalized the anti – tobacco law. Despite explaining the objectives of the study to respondents and assuring them of confidentiality, cigarette sellers were sceptical.

A: Smokers of tobacco

4.2 Demographic information

This section shows information on demographic variables of the respondents. These variables include age, sex, marital status, and education.

Table 1: Age

Age	Frequency	Percent
below 19	8	10.4
20-29	42	54.5
30-39	19	24.7
40 and above	8	10.4
Total	77	100.0

Results show that more than half (55%) of the smokers are aged between 20 – 29. smokers who were aged between 30 and 39 were represented by 25 per cent; those aged below 19 were represented by 10 per cent while those aged 40 and above were represented by 10 percent.

Table 2: Sex

Sex	Frequency	Percent
Male	71	92.2
Female	6	7.8
Total	77	100.0

Table 2 shows that 92 per cent of smokers were males and female smokers were represented by 8 per cent only.

Table 3: Marital status

Marital status	Frequency	Percent
Single	34	44.2
Married	35	45.5
Divorced	6	7.8
Widowed	2	2.6
Total	77	100.0

It was revealed that 44 per cent of the respondents were single; 46 per cent were married; 8 per cent were divorced; and 3 per cent were widowed.

Table 4: Highest level of education

Level of education	Frequency	Percent
Primary	8	10.4
Secondary	32	41.6
College	37	48.1
Total	77	100.0

Table 4 indicates that 48 per cent of the respondents had College level education; 42 per cent were educated up to Secondary level; and only 10 per cent had primary level education.

Table 5: Main income earner

Main income earner	Frequency	Percent
Yes	51	66.2
No	26	33.8
Total	77	100.0

It was found that 66 per cent of the respondents were the main income earners in their families while 34 per cent attested that they were not the main bread winner.

4.3 The impact of Information, Education and Communication in reducing the abuse of tobacco

This section shows results of the impact of information, education and communication in reducing abuse of tobacco.

Table 6: Years of smoking

Years of smoking	Frequency	Percent
Less than 2 yrs	20	26.0
2-5 years	19	24.7
6-9 years	17	22.1
10 years and above	21	27.3
Total	77	100.0

Table 6 indicates that 27 per cent have been smoking for 10 years and more; 26 per cent have been smoking for than 2 years; 25 per cent have smoking experience of between 2 to 5 years; while 22 per cent of the respondents have smoking experience of between 6 – 9 years.

Table 7: Reasons for smoking

Reasons for smoking	Frequency	Percent
Pleasure	34	44.2
Remove stress	13	16.9
Nothing	12	15.6
Peer pressure	2	2.6
Stimulate body temperature	16	20.8
Total	77	100.0

Results show that 44 per cent of the respondents smoke for pleasure; 21 per cent held that smoking stimulates body temperature; 17 per cent believed that smoking relieves stress; and 16 per cent had no reason for smoking.

Table 8: What would help to stop smoking

What would curb smoking	Frequency	Percent
Nothing	19	24.7
Ban on cigarettes	18	23.4
Cigarette companies closed	10	13.0
Counselling	17	22.1
Job	5	6.5
Critical illness	4	5.2
Provide alternative for cigarette	4	5.2
Total	77	100.0

Twenty five per cent of the respondents indicated that nothing can stop them from smoking. 23 per cent of the respondents observed that ban on cigarettes would help them stop smoking. It was noted that 22 per cent believed that counselling would assist them to stop smoking; while 13 per cent showed that they would only stop smoking when cigarette companies were closed. It is important to note that 7 per cent of respondents hope that getting a job would help them stop smoking.

Table 9: Induction to smoking

Introducer to smoking	Frequency	Percent
Friends	49	63.6
Family	8	10.4
Advertisement	6	7.8
Role model	12	15.6
Myself	2	2.6
Total	77	**100.0**

More than half (64%) of smokers were introduced into the habit by their friends; 16 per cent attest that they were introduced to smoking by their role models; and 10 per cent were influenced to smoking by their family members. An interesting result was that advertisement contributes to only 8 per cent of the influence on people to start smoking.

Table 10: Can publicized information about health effects of tobacco stop smoking

Can publicized information stop smoking	Frequency	Percent
Yes	44	57.1
No	33	42.9
Total	77	**100.0**

Table 10 shows that 57 per cent of the respondents believed that publicized information about health effects of tobacco would stop smoking. However, 43 per cent of the respondents thought that publicized information about health effects of tobacco would not stop smoking.

Table 11: Are warnings on cigarette packets clear enough

Clarity of warnings on cigarette packets	Frequency	Percent
Yes	51	66.2
No	26	33.8
Total	77	100.0

Sixty six per cent of the respondents believed that warnings on cigarette packets are clear enough while 34 per cent indicated that the warnings are not clear.

Table 12: Would it help having the warnings on all packet sides

Is it useful to have warnings on both sides of cigarette packet	Frequency	Percent
Yes	40	51.9
No	37	48.1
Total	77	100.0

Fifty two per cent of the respondents believe that it would be useful to put warnings on both sides of the cigarette packet. On the other hand, 48 per cent indicated that it would not help to put warnings on both sides of the cigarette packet.

Table 13: Letter size of cigarette warnings

Should warning letter size be increased	Frequency	Percent
Yes	47	61.0
No	30	39.0
Total	77	100.0

Sixty one per cent of the respondents would like warning letter size increased while 39 per cent would be better of the letter size are not altered.

Table 14: Ever heard about World No Tobacco Day

Ever heard about World No Tobacco Day	Frequency	Percent
Yes	28	36.4
No	49	63.6
Total	77	100.0

Table 14 shows that 64 per cent of the respondents have never heard about World No Tobacco Day and only 36 per cent are aware about the World No Tobacco Day.

Table 15: Do you observe world no tobacco day

Do you observe World No Tobacco Day	Frequency	Percent
Yes	24	31.2
No	53	68.8
Total	77	100.0

Only 31 per cent confirmed that they do observe World No Tobacco Day while 69 per cent confessed that indeed have never observed World No Tobacco Day.

Table 16: Does health risk information prevent initiation into smoking

Does health risk information prevent initiation into smoking	Frequency	Percent
Yes	43	55.8
No	34	44.2
Total	77	100.0

Fifty six per cent of the respondents believed that health risk information prevent initiation into smoking while 44 per cent believe the information has no effect.

Table 17: Factors attributing to change in smoking habits

Factors attributing to change in smoking habits	Frequency	Percent
Ban on smoking in public places	43	55.8
Anti - smoking health messages	29	37.7
Ban on advertisement	5	6.5
Total	77	100.0

Fifty six per cent of the respondents believed that ban on smoking in public places has attributed to change in smoking habits; 38 per cent however, held that the change in smoking habits has been brought about by anti – smoking health messages; and only 7 per cent were of the opinion that the change is as a result of ban on cigarette advertisement.

Table 18: Number of times tried to stop smoking

No. of times tried to quit smoking	Frequency	Percent
1-4 times	43	55.8
6-10 times	15	19.5
11- 15 times	7	9.1
16-20 times	12	15.6
Total	77	100.0

Table 18 illustrates that 56 per cent of the smokers had tried between 1 – 4 times to quit smoking. It was noted that 20 per cent of the respondents had tried between 6 – 10 times to quit smoking and 16 per cent had tried between 16 to 20 times to stop smoking.

Table 19: Problems of irritation, nervous and tense in absence of tobacco

Problem of irritation, nervous and being tense	Frequency	Percent
None	44	57.1
Some extent	19	24.7
A lot	14	18.2
Total	77	100.0

It was revealed that 57 per cent have no problem with irritation, nervous and being tense in the absence of tobacco while 25 per cent indicated that they had the problems in the absence of tobacco.

Table 20: Problem of missing or craving for cigarettes

Problem of missing or craving for cigarette	Frequency	Percent
None	42	54.5
Some extent	17	22.1
A lot	18	23.4
Total	77	100.0

Fifty five per cent of the respondents indicated that they do not crave for cigarettes; 23 per cent crave a lot for tobacco while another 22 per cent to some extent crave for cigarettes.

Table 21: Problem of loss of pleasure

Loss of pleasure	Frequency	Percent
None	37	48.1
Some extent	15	19.5
A lot	25	32.5
Total	77	100.0

Forty eight per cent of the respondents showed that they did lose pleasure in the absence of tobacco where as 33 per cent confessed that absence of cigarettes amounted to a great loss of pleasure.

Table 22: Problem of gaining waiting

Gaining wait	Frequency	Percent
None	55	71.4
Some extent	10	13.0
A lot	12	15.6
Total	77	100.0

Seventy one per cent of smokers confirmed that they had no problem of gaining wait when they smoke while 16 per cent indicated that smoking made them gain wait.

Table 23: Problem of being around other smokers

Problem of being around others	Frequency	Percent
None	49	63.6
Some extent	16	20.8
A lot	12	15.6
Total	77	100.0

Sixty four per cent of the smokers had no problem being around other smokers; 21 per cent indicated that to some extent they had problem; while 16 per cent had a lot of problem being around other smokers.

Table 24: Feelings about pressure from family and friends to quit smoking

Feelings about pressure to quit smoking	Frequency	Percent
Resentful	15	19.5
Frustrated	24	31.2
Helpful	38	49.3
Total	77	100.0

Forty nine per cent of the respondents considered useful pressure from family and friends to quit smoking, 31 per cent felt frustrated; and 20 per cent felt resentful

Table 25: Recall of anti - tobacco health messages on Print matter

Recall of messages on Print matter	Frequency	Percent
Yes	51	66.2
No	26	33.8
Total	77	100.0

Recall of anti – tobacco messages on the Print matter was pointed out by 66 per cent

of the smokers whereas 34 per cent showed that they did not remember anti – tobacco

health messages on the Print matter.

Figure 1: Recall of anti - tobacco messages on Print matter

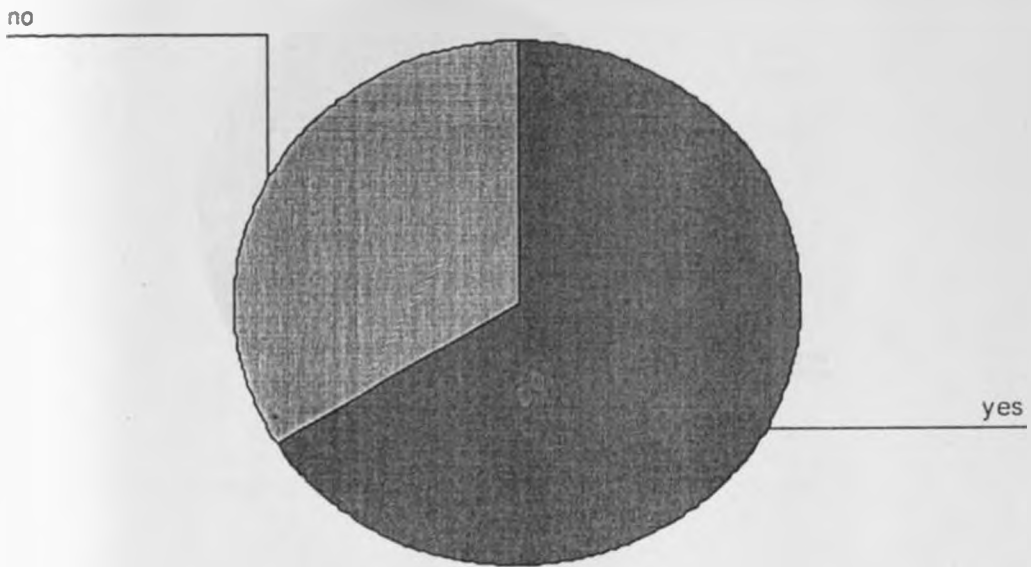# recall of anti - tobacco health messages on print matte

Table 26: Recall of anti - tobacco health messages on TV

Recall of messages on TV	Frequency	Percent
Yes	56	72.7
No	21	27.3
Total	77	100.0

Seventy three per cent of the smokers indicated that they recalled anti – tobacco

messages aired on TV while 27 per cent could not remember the messages.

Figure 2: Recall of anti - tobacco messages on TV
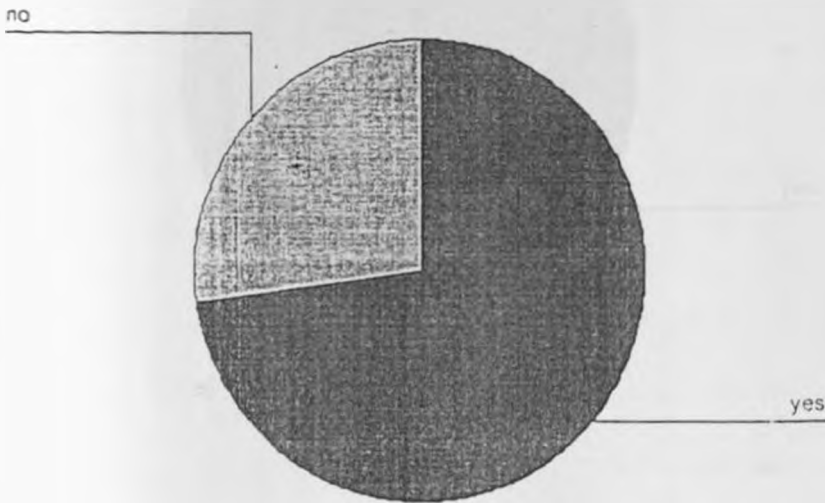
recall of anti - tobacco health messages on tv

Table 27: Recall of anti - tobacco health messages on Radio

Recall of messages on Radio	Frequency	Percent
Yes	54	70.1
No	23	29.9
Total	77	100.0

Results indicate that 70 per cent of the respondents could recall anti – tobacco

messages they heard over the radio. However, 30 per cent had lost memory of the anti

– tobacco messages they heard over the radio.

Figure 3: Recall of anti - tobacco messages on Radio

recall of anti - tobacco health messages on radio

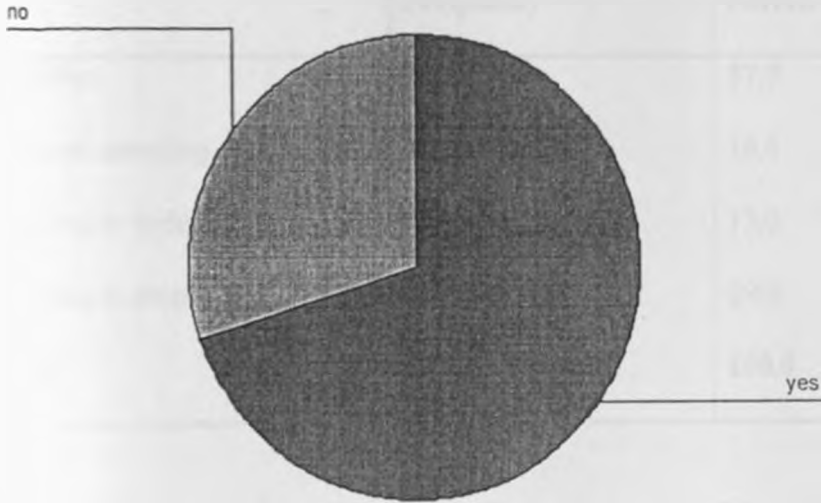Table 28: Recall of anti - tobacco health messages on out door media

Recall of messages on out door media	Frequency	Percent
Yes	42	54.5
No	35	45.5
Total	77	100.0

Table 28 shows that 55 per cent remembered anti – tobacco messages they saw on out door media while 45 per cent had no memory of the anti – tobacco messages.

Table 29: Effect of messages on smoking habit

Effect of messages on smoking habit	Frequency	Percent
No effect	29	37.7
Reduced smoking rate	15	19.5
Planning to reduce	10	13.0
Planning to stop	23	29.9
Total	77	100.0

The study revealed that messages had no effect on smoking habit among 38 per cent of the respondents. On the other hand 30 per cent of the respondents indicated that they were planning to quit smoking as result of anti – tobacco messages; while 20 per cent had reduced their smoking rates.

4.4 Impact of regulatory control on smoking behaviour of Nairobi residents

This section targets information aimed at answering the second objective of the study. The section presents results relating to how Anti – tobacco Law was impacted on behaviour change of smokers.

Table 30: Number of cigarettes smoked per day before ban

Number of cigarettes	Frequency	Percent
Less than 5	17	22.1
5-9	23	29.9
10-14	10	13.0
15 and above	27	35.1
Total	77	100.0

It was revealed that 35 per cent of the respondents smoked 15 cigarettes and above before the ban; 30 per cent smoked between 5 – 9 sticks; while 22 per cent smoked less than 5 cigarettes per day.

Table 31: Number of cigarettes smoked per day after ban

Number of cigarettes	Frequency	Percent
Less than 5	29	37.7
5-9	22	28.6
10-14	10	13.0
15 and above	16	20.8
Total	77	100.0

Table 20 depicts that 21 per cent of the respondents smoked 15 cigarettes and above after the ban; 29 per cent smoked between 5 – 9 sticks per day; whereas 38 per cent smoked less than 5 cigarettes

4.5 Impact of tax increase in reducing the smoking epidemic

Table 32: Increase in disposable income after ban on public smoking

Increase in income	Frequency	Percent
Yes	45	58.4
No	32	41.6
Total	77	100.0

Results indicate that there was increase on disposable income among 58 per cent of the smokers while 42 per cent had no change in their disposable incomes after the ban on public smoking.

Table 33: Is there positive impact on environment resulting from smoking ban

Positive impact of ban on environment	Frequency	Percent
Yes	55	71.4
No	22	28.6
Total	77	100.0

Seventy one per cent of the smokers believed that the ban on public smoking has resulted to reduced environmental pollution. On the other hand, 29 per cent of the respondents were of the view that the ban has no positive impact on environment.

Table 34: Enforcement of anti - tobacco law has prevention effect on smoking

Effect of anti – tobacco law on preventing smoking	Frequency	Percent
Yes	48	62.3
No	29	37.7
Total	77	100.0

Sixty two per cent of the respondents believed that enforcement of anti – tobacco law has reduced smoking while 38 per cent consider the enforcement of the law as having no consequence in preventing smoking.

Table 35: Ban on smoking should be continued

Ban on smoking should be continued	Frequency	Percent
Yes	44	57.1
No	33	42.9
Total	77	100.0

Respondents expressed different views over the continuation of the ban on smoking. While 57 per cent of the respondents were of the view that the ban should be continued, 43 per cent would like the ban stopped.

Table 36: Ban on cigarette advertising has reduced number of cigarettes you smoke per day

Ban on advertising has reduced number of cigarettes smoked	Frequency	Percent
Yes	51	66.2
No	26	33.8
Total	77	100.0

Advertising is a way through which the industry communicates with customers. It was revealed that 66 per cent of the respondents believed that ban on advertisement have reduced number of cigarettes smoked per day. On the other hand, 34 per cent of the respondents indicated that ban on advertising had not reduced cigarettes smoked per day.

B: Tobacco sellers

This section presents data presented by business people who handle tobacco products in Nairobi.

Table 37: Type of business

Type of business	Frequency	Percent
Retail	46	85.2
Wholesale	8	14.8
Total	**54**	**100.0**

Table 37 shows that tobacco business is dominated by retailers who were represented

by 85 per cent as compared to 15 per cent representation by wholesalers.
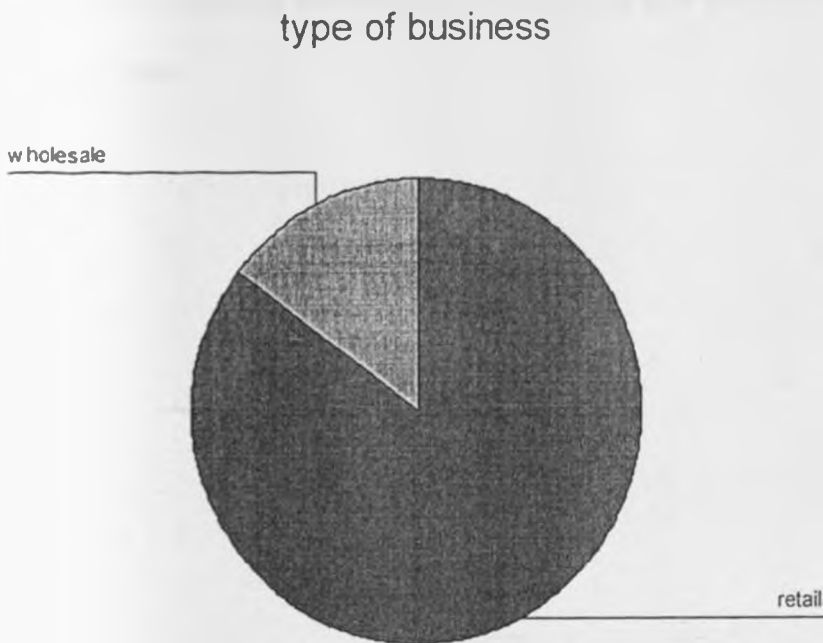
Figure 4: Type of business

type of business

Table 38: Fast moving cigarette brand

Cigarette brand	Frequency	Percent
Sportsman	22	40.7
Safari	13	24.1
Supermatch	18	33.3
SM	1	1.9
Total	54	100.0

Different views were expressed on the cigarette brands considered as fast moving by the business people. Results revealed that Sportsman is the fast moving brand of cigarette (41%), followed by Supermatch (33%), and Safari (24%). It was also revealed that SM cigarette brand is the slowest moving as it was represented by a meagre 2 per cent.

Figure 5: Fast moving cigarette
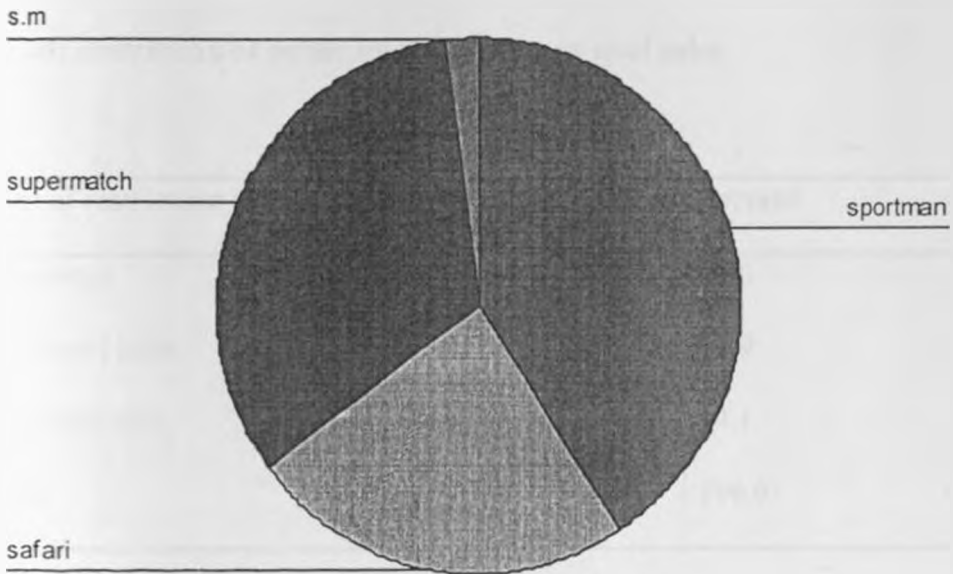
brand

fast moving cigarette brand

s.m

supermatch

sportman

safari

Table 39: Daily average packet sales

Average packet sales	Frequency	Percent
Less than 5	25	46.3
5-9	13	24.1
10-14	8	14.8
15-19	3	5.6
20 and above	5	9.3
Total	54	100.0

Table 39 shows that 46 per cent of cigarette dealers sell less than 5 packets per day; 24 per cent sell between 5 – 9 packets per day; 15 per cent sell between 10 – 14 packets per day and that only 9 per cent of the traders sell 20 and more packets of cigarettes per day.

Table 40: Restriction of public smoking effect on total sales

Effect of restriction on sales	Frequency	Percent
No change	20	37.0
Decreased sales	21	38.9
Increased sales	13	24.1
Total	54	100.0

Mixed results were received on the impact of restriction of public smoking on cigarette sales. While 39 per cent of the sellers observed that the restriction has decreased sales level; 37 per cent of the traders were of the view that the restriction had not neither increased nor decreased sales levels; and 24 per cent indicated that the restriction has resulted to increased sales of cigarettes.

Figure 6: Public smoking restriction effect on cigarette sales

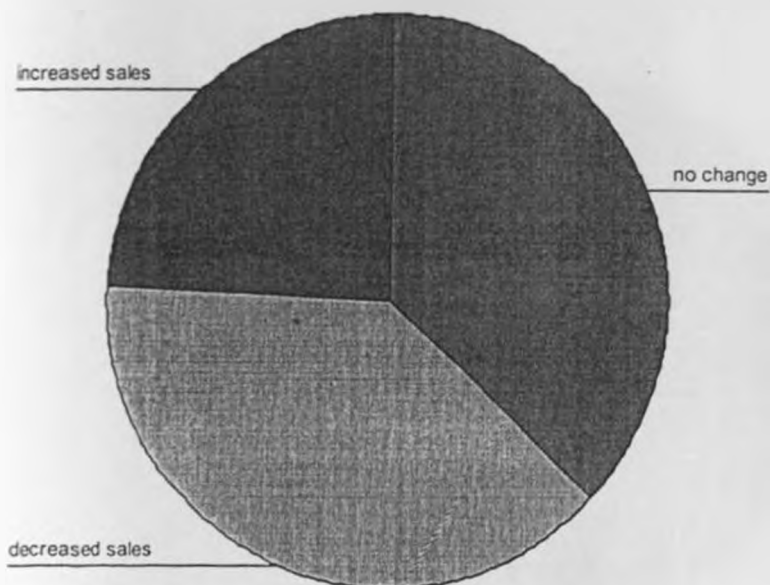## restriction on public smoking effect on total sales

Table 41: Ever heard about anti - tobacco bill

Awareness of anti – tobacco bill	Frequency	Percent
Yes	45	83.3
No	9	16.7
Total	54	100.0

It was noted that 83 per cent of the cigarette sellers were aware about the anti –

tobacco bill. A small number (17%) of the sellers were however not aware about the

bill.

Figure 7: Awareness of cigarette sellers about anti - tobacco bill
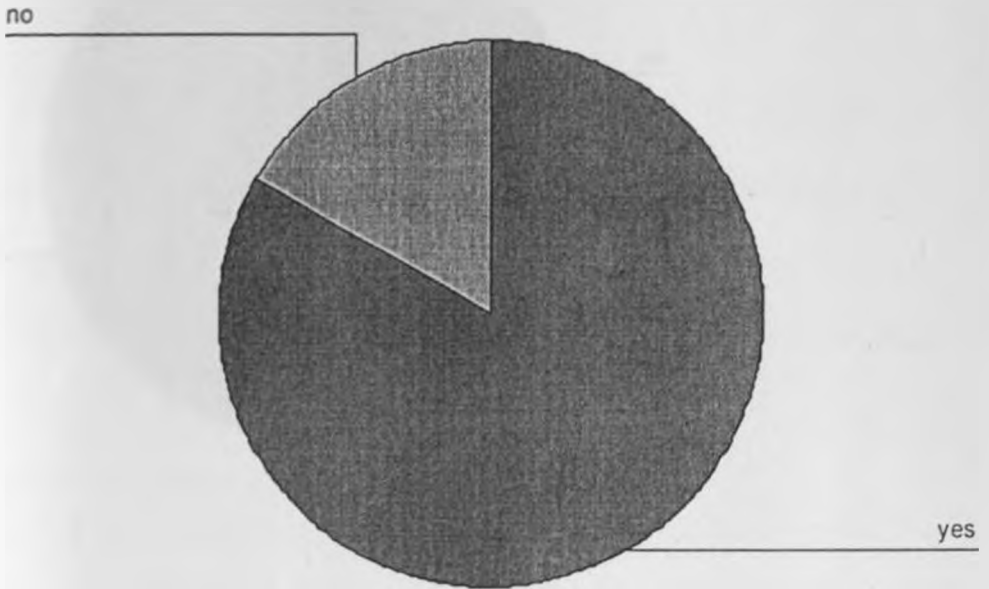
ever heard about tobacco bill

Table 42: Do you support enforcement of anti – tobacco law

Enforcement support of anti – tobacco law	Frequency	Percent
Yes	21	38.9
No	33	61.1
Total	54	100.0

Table 42 indicates that only 39 per cent of cigarette sellers support the enforcement of anti – tobacco bill as compared to 61 per cent who object the enforcement of the bill.

do you support its enactment

yes

no
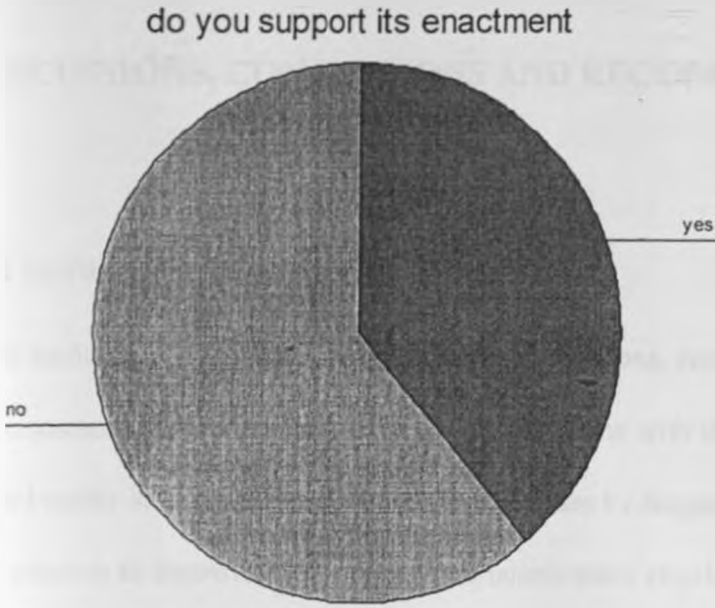
CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section presents a summary of findings, discussions, conclusions and recommendations. Results have been discussed in line with the research objectives stated earlier in Chapter one. The section concludes by suggesting recommendations for adoption to improve education and communication; regulation and tax policies as control measures for tobacco use in Kenya.

5.2 Summary

The objectives of the study were to establish the impact of Information, Education and Communication in reducing the abuse of tobacco; determine the impact of regulatory control on smoking behaviour of Nairobi residents; and to determine the impact of tax increase in reducing the smoking epidemic. A survey targeting smokers and sellers of tobacco was adopted and structured questionnaires were developed, tested, revised and administered by research assistants to sampled respondents.

The population of interest were all traders handling cigarettes in Nairobi and smokers in all smoking zones within the central business district in Nairobi. One hundred traders and smokers in each case were selected through a simple random sampling technique and purposive sampling respectively. Data was collected through personal

interviews and analysed using descriptive statistics such as mean scores and percentages. Findings were presented in tables and charts.

The study established that 44 per cent of the respondents smoke for pleasure and 21 per cent believed smoking stimulates body temperature. It was established that 22 per cent of smokers believed counselling can assist people to stop smoking; while 23 per cent of the respondents were of the view that ban on cigarettes was the only way to stop smoking. It is important to note that 57 per cent believed that publicized information about health problems associated to tobacco would help people to stop smoking. It was noted that 64 per cent of the respondents were introduced to smoking by friends while 16 per cent alleged to have been introduced to smoking by role models.

Results indicated that advertisement plays very little role in introducing people to smoking. It was found that 56 per cent of the smokers had tried between 1 – 4 times without success to quit smoking. Different media has varying influence on the memory of smokers. It was indicated that Television (TV) has the highest influence on recall of anti – tobacco messages among smokers as represented by 73 per cent of the respondents. Radio also had strong influence on recall of anti – tobacco messages as compared to print matter which had the least influence among smokers. It is important to note that 38 per cent of the respondents alleged that anti – tobacco messages had no effect on changing smoking habits while 20 per cent have reduced their rate of smoking and another 30 per cent planning to quit smoking as a result of anti – tobacco messages.

Results demonstrated that regulatory control on smoking has been very successful in Nairobi. The ban on public smoking has reduced rate of smoking as indicated by results of the study. The ban on smoking has raised the percentage of people who smoke less than 5 cigarettes per day from 22 per cent before the ban to 38 per cent after the ban. The ban has also reduced the percentage of smokers whose daily consumption is in excess of 15 cigarettes per day from 35 per cent before the ban to 21 per cent after the ban. Sixty six per cent also attribute reduced smoking to the ban on cigarette advertising. It was found that tax increase on cigarettes has no significant impact on reducing smoking but, has major impact in protecting the environment.

The fast moving cigarette brand was identified as sportsman followed by supermatch, safari and SM in descending order. Forty six per cent of the cigarette traders indicated that their daily cigarette packet sales are less than five. Despite large awareness about the anti – tobacco law by traders, only 39 per cent support the enforcement of the law.

5.3 Discussions

It was established that majority of smokers (55%) are aged between 20 - 29; and that smoking is dominated by males (92%) as compared to females (8%). This suggests that people graduate into serious smoking after teen years and some drop out when they cross to 30 years. The male dominance in smoking as reflected by the data may not necessarily mean that few ladies smoke. The results may be influenced by sampling nature where data was collected in smoking zones within the central business district. However, it may be argued that majority of males frequent smoking zones as compared to females. The findings in representation by sex would have been different if data was collected in night clubs or estates.

The number of married smokers and single smokers were nearly equal overruling the argument that smoking may be dependent on marital status of an individual. However, the study established that 42 per cent and 48 per cent of smokers had secondary and college education suggesting that despite being aware of the risks associated with smoking, educated people abuse drugs.

It was established that smoking is driven by desire for pleasure (44%) and body stimulation (21%). Twenty five per cent of the respondents indicated that nothing would help them stop smoking. This clearly shows that they are addicted to tobacco and not even harsh penalties enforced by the government would make them quit smoking. There is hope of stopping smoking through counselling, legal ban which has already been enforced and closing tobacco companies.

It was noted that 64 per cent of smokers were introduced into the habit by their friends. This suggests that peer influence greatly impacts on people's behaviour to adopt smoking. The findings concur with the theories of behaviour change which suggest that peer pressure may influence people to adopt a habit which belongs to a group that the individual associates with. The finding has implications for future communication and education which should focus on handling the influence of peer pressure.

Despite the fact that more than half (64%) of the smokers are aware about World No Tobacco day, only two thirds of these smokers observe the day. Fifty six per cent had tried between 1 – 4 times to quit smoking without success. Sixteen per cent of the

respondents had tried between more than 15 times to quit smoking but have not been successful. The finding reinforces the argument that cigarette smoking is very addictive and it is difficult to quit. Forty nine per cent consider helpful the pressure from family members to quit smoking. This implies that when more pressure is piled on smokers by their family members, they may eventually quit smoking.

Findings revealed that different media have varying strengths of recall in the minds of smokers. Whereas all media influences the ability to remember a message, TV has the strongest recall impact on smokers mind followed by radio and print matter respectively. This implies that any message with intended long term effect on smokers should be channelled through TV and radio respectively. Thirty eight per cent of smokers indicated that messages have no effect on them raising concerns for design and presentation of the anti – tobacco messages.

Results proved that anti – tobacco law has been very effective in controlling the use of cigarettes. It has reduced the number of smokers and drastically lowered the rate of cigarette smoking. This implies that a continuation of the ban in the long term may be very effective in controlling tobacco use in Kenya. However, its success will to a large extent depend on enforcement by City Council Askaris.

It was noted that raising sin tax and particularly tax raise on cigarettes may not be effective tool for controlling tobacco. The finding concurs with literature which suggests that the addictive nature of tobacco may force smokers to use contraband tobacco when prices are raised. However, it can be noted that tax raise on cigarette

has a positive impact on environment and should be encouraged on grounds of environmental conservation.

The first moving cigarette brands were identified as sportsman, supermatch, and safari respectively. The high turnover of these brands may be attributed to their popularity. Sportsman has been in the market for a long time and has equally been widely promoted by the British American Tobacco (BAT). Fort six per cent of the traders indicated that they sell than 5 packets per day. Despite being aware about anti – tobacco bill, traders are against its enforcement. This may be tied to the negative effect the anti – tobacco law has on the sales revenue of traders.

5.4 Conclusions

From the findings of the study, it can be concluded that anti – tobacco law has been very successful in controlling the use of tobacco as compared to tax which has only a success rate of 58 per cent. The information, communication and education have little impact in reducing smoking in Kenya. Despite high success rate of anti – tobacco law, traders are opposed ton its enforcement implying that they are likely to circumvent the law and sell cigarettes to minors and in sticks. This poses a challenge in future for enforcement authorities and may threaten its success in the long term. TV and radio has strong impact on influencing message recall on smokers mind but the messages have little impact in changing smokers' behaviour. There is need to revisit design, package and presentation of messages to elicit positive behaviour change among smokers.

5.5 Recommendations

Tobacco contributes to loss of lives of many Kenyan who are both smokers and non smokers. Since control of use of tobacco is important for the health of Kenyans and the economy it is important to establish mechanisms for long term control. As a result, it is recommended that:

Future tobacco control policies should focus on handling peer influence with the aim of reducing its impacts on introducing non smokers to smokers.

The ban on public smoking should be sustained and cigarette traders educated about the importance of controlling tobacco use. Enforcement of the anti – tobacco law should be strengthened through training of enforcement authorities.

Future research should investigate the communication strategies used by behaviour change agents to improve message effectiveness in the tobacco industry.

REFERENCES

Angola press; 29th.Jan 2006.

Ayanian, J.Z. and Cleary, P.D. (1999), "Perceived risks of heart disease and cancer among cigarette smokers", **JAMA**, Vol. 281, pp. 1019-21.

Bartosch, William J. and Pope, Gregory C. "Economic Effect of Restaurant Smoking Restrictions on Restaurant Business in Massachusetts, 1992 to 1998." **Tobacco Control**, 2002, *11*, pp. 38-42.

British American Tobacco (2006), **Annual Report.**

Chitanondh, H. (2006), **WHO Thailand Country Report on Tobacco Advertising and Promotion Bans, Pg.9**

Cooper, R. D., and Emory, W. C., (1995), "Business Research Methods". The McGraw – Hill Companies

Dunham, John and Marlow, Michael L. "Smoking Laws and Their Differential Effects on Restaurants, Bars, and Taverns." **Contemporary Economic Policy**, 2002, *18*(3), pp. 326-33.

Gruber, J. and Zinman, J. (2000), "Yough smoking in the US: evidence and implications", **NBER Working Paper** 7780.

GOK (2006), **Kenya Gazette Supplement** No. 37, 23rd May, 2006

Hersch, J. and Viscusi, K. (1990), "Cigarette smoking, seatbelt use and differences in wage risk trade offs", **Journal of Human Resources**, Vol. 25, pp. 202-27.

Huang, P., De, A.K. and McCusker, M.E. "The Economic Impact of a Smoking Ban on Restaurant and Bar Revenues." El Paso, TX: *CDC* **Morbidity and Mortality Weekly Report**. Volume 53. February 27, 2004, pp. 150-52. Huang, P.; Tobias

Jacobson, Jeffrey Wasserman and John R. Anderson (1997), Historical Overview of Tobacco Legislation and Regulation, **Journal of Social Issues**, Vol. 53, No. 1, 1997, pp. 75 – 95

Jacobson, P.D., Wasserman, J., and Raube, K. (1993), The Politics of Anti – smoking legislation: Lessons from six states, Journal **of Health Politics, Policy and Law**, 18 787 – 819

Rabin R.L. (1991), Some Thoughts on Smoking Regulation, **The Stanford Law Review**, 43, 475 – 496

Rabin R.L. and Sugarman, S.D. (1993), Overview in R.L. Rabin and S.D. Sugarman (Eds), **Smoking Policy: Law, Politics and Culture**.

Sperber, A.D., Goren-Lerer, M., Peleg, A. and Friger, M. (2000), "Smoking cessation support groups in Israel: a long-term follow-up", **Isr Med Assoc J**, Vol. 2 No. 5, pp. 356-60.

Tiang'a, L. (2006), **Perceived effect of the proposed anti – tobacco bill on cigarette traders: The case of Embu market**, MBA Research Project, School of Business, University of Nairobi.

Wete F.N.(1996) , 'Mass Communication and Development: impact depends on Strategies' in **Charles Okigbo –ed. (1996) ACCE: Nairobi.**

Wofford, J. C., Gerloff, E. A., and Cummins, R. C., (1977). **Organizational Communication, the Keystone to Managerial Effectiveness.** McGraw – Hill.

World Bank (1999), Curbing the Epidemic, **Government and the economics of tobacco control**

WHO (2001), **New Zealand Report on Effective Access to Tobacco Dependence Treatment** Pg. 3-11