

## ASSESSMENT OF THE ATTITUDE OF SMOKERS TO THE SLOGAN, “SMOKERS ARE LIABLE TO DIE YOUNG”

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### Abstract

*The daily lives of the ordinary consumer are one that is faced with a mass of risks. Although these risks are chiefly the resultant outcome of their actions and consumption decisions, most prominent among these risks in recent times has been smoking cigarettes. In addressing the risk of cigarette smoking, hazard warnings, advertising bans and widespread adverse publicity about its dangers have all been accompanied with tobacco. One of those warnings in Nigeria is the slogan, “smokers are liable to die young,” which is almost always engraved on cigarette packs, etc. The question of if and to what extent individuals understand the health implications of smoking cigarettes is inextricably connected to how much their smoking behaviour is strongly influenced or otherwise. The purpose of this paper is to assess how Nigerian smokers respond to the warning label of “Federal Ministry of Health warns that smokers are liable to die young” with emphasis on smokers in Imo State. In this descriptive survey study, a sample size of 385 was drawn from a projected population of 5,781, 372 for the assessment. A validated copy of questionnaire was the data gathering instrument, designed to capture the meat of the study. Findings showed that 69%, the majority of participants smoke cigarette on a daily basis. It is confirmed that smokers at a percentage of 35.7 are aware of the health risks of cigarettes but at the percentage of 62.7, this high awareness has little or no influence on their smoking behaviour. The majority of participants at 32.8% indicated that their source of exposure to the warnings of the dangers of smoking is cigarette packs. Smokers in Imo State still “puff the smoke” in spite of the apparent knowledge of the health risks because they believe that they can cope with the dangers of smoking.*

**Keywords:** Assessment, Smokers, Attitude, Health risks.

### Introduction

Individuals are faced with a plethora of risks on a daily basis. While some of these risks are not man made, but for the foremost part, these risks arise as a result of the particular actions they take and their consumption decisions. In recent years, the prominent amongst these consumption risks has been cigarette smoking. The level of risks cigarette pose has made the consumption of required hazard warnings, partial advertising bans, restrictions on public smoking, and widespread adverse publicity (Vicussi, 1990). One of such hazard warnings is the slogan; Smokers are liable to die young.

In concurrence with the prominence of the risks cigarette pose, a significant amount of attention has been centred on the question of whether individuals understand the implications of smoking cigarettes (Schoenbaum, 1997). This is primarily due to the fact that the extent to which smokers understand the magnitude of these health risks has a strong influence on their smoking behaviour (Hammond, Fong, McNeill, Borland., & Cummings 2006; citing Janz 1984; Bandura 1977; Ajzen 1991). Put in a better way, smokers who perceive very high risks from smoking are very likely to successfully quit smoking (Romer & Janieson 2011; cited in Hammond et al., 2006).

Several studies show that most smokers concede that using tobacco poses health risks; however, there remains a lacuna in smoker's understanding of these risks posed by tobacco use (Environs Research Group 2001; Stretcher, Kreuter & Kobrin, 1995; Lee 1989; McCoy, Gibbons, Reis, et. al., 1992; cited in Hammond et al., 2006). The problem of understanding these risks manifests in inability of smokers to recall specific health effects and majority of these smokers tend to underestimate how far reaching the effects are (Environs Research Group, 2001, 2000, 1999; Ayanian, 1999; Hyland, Li, Bauer, Giovino, Steger & Cummings, 2004). One would think that in countries like Canada, the case would be different given that Canada is among the foremost progressive tobacco control policies. Yet, a high proportion of smokers there are in perpetual denial of the health risks associated with smoking and are still underestimating the seriousness of risks such as heart disease, stroke, and respiratory disease that are caused by smoking (Environs Research Group 2001; Schoenbaum, 1997).

In order to tackle this menace, a more comprehensive approach has been taken by countries geared towards warning labels (U. S. Department of Health and Human Services, 2000). Although Canada has been the leading nation in warning label regulations on cigarette, taking into consideration the font size, location, text colour and content of the warnings (O'Hegarty, Pederson, Nelson, Mowery, Gable, Wortley, 2006; citing Kaiserman, 1993), the warnings have been moved from bottom to the top of the pack and covered 25% of the front and back faces. As recent as the year 2000, Canada implemented a new regulation that would see the highest front and back of the packages incorporate updated and youth-orientation messages as well as information on toxic substances (Health Canada, 1999), with cessation and specific health-risk information inside the package (Hammond, Fong, MacDonald, Brown & Cameron, 2004).

A close observation of cigarette packs in Nigeria indicates the adoption of this model, except for the absence of any cessation and specific health-risk information inside the packages. This is contrary to the stark reality of the tobacco epidemic predictions for developing countries such as Nigeria. According to Mathers and Loncar (ibid) cited in Fawibe and Shittu (2011), 80% of the 100 million smoking related deaths in the world (W. H. O., 2008), are going to be in developing countries. Fawibe and Shittu (2011) bemoan the precarious situation as most African countries including Nigeria for failing to respond appropriately to the growing epidemic. This failure they attributed to the revenue generated from tobacco.

However, the essence of warning labels is to promote cessation and educate smokers on the effects of tobacco to health amongst other things. To this end, there are indications that new warning labels in Australia and Canada attract the attention of smokers (Hammond, et al. 2003), increase awareness of health effects of smoking (Mohood, 1995; Tandemar Research Inc, 1996), and decrease cigarette consumption (Borland, 1997). Perhaps the most important aspect of the influence of these warning labels is that smokers are motivated to quit

smoking (Tandemar Research Inc, 1996; Environs Research Group, 2001; Hammond et al., 2004). What then is the case in Nigeria? Could it be said that these warning labels motivate smokers to quit smoking?

Unfortunately, little studies have been carried out in this area and they are mostly old and might not reflect the current trend of smoking behaviours as it relates to warning labels (Fawibe & Shittu, 2011). It is this obvious gap that this study sought to close. Therefore, the purpose of this study is to assess the response of Nigerian smokers to the warning label, "Federal Ministry of Health warns that Smokers are Liable to Die Young," in view of determining their attitude towards smoking.

### **Statement of the Problem**

Communicating the health implications of smoking cigarettes remains the priority of tobacco control policy. This is the reason behind the World Health Organization's Framework Convention on Tobacco Control (FCTC) which states as it's first guiding principle that: "Every person should be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke" (Article 4.1) (Frank, Denniston, & Pederson, 2002).

Part of the earliest widespread policy towards teaching smokers is the cigarette warning labels (Hammond, Fong, McDonald, Cameron & Brown, 2003; Hammond, Fong, McDonald, Brown & Cameron, 2004; Borland, 1997). Currently, there are warning labels on cigarette packs virtually in every country (Aftab, Kolben, & Lurie, 1999), and studies show that these warning labels are capable of increasing the cessation behaviour among smokers (Hammond, et. al. 2003; Hammond, et. al. 2004; Borland, 1997). Deductively, warning labels are aimed at increasing awareness of health related diseases from smoking with the end purpose of discouraging smoking among smokers and would-be smokers. How far has this been achieved amongst smokers in Nigeria?

Contrary to the strategy of other countries, the strategy in Nigeria is the advocacy and promotion of voluntary adoption of behaviour change through warnings of dangers and banning of smoking publicly devoid of any legal backings (Onyeonoro, Chukwuonye, Madukwe, Ukegbu, Akhimien, Ogah, 2015). Which means the entire cessation of smoking is entirely up to smokers but they certainly would be educated on the dangers of smoking. This has seen anti-smoking messages on warning labels of cigarette packs changed from "smoking is dangerous to health" to "smokers are liable to die Young" by the Federal Ministry of Health (Onyeonoro et al., 2015).

Despite the low prevalence of smoking within the studied population of Fawibe and Shittu (2011), yet there seems to be no end to the number of persons still smoking. Are smokers in perpetual denial that the health hazards associated with smoking cannot affect them? How candid can Fishbein (1977) be in arguing that people may accept that information is true in a general sense, while still not accepting that it may have any personal relevance? Perhaps, it is the natural tendency to perceive oneself as immune, at least in part to, health risk.

However, despite the prominence of these warning labels among tobacco control policies and on cigarette packs, radio and television adverts, newspapers and magazine adverts, etc., only a handful of studies have evaluated the impact of these labels on consumer knowledge about tobacco risks and subsequent change in behaviour in Nigeria. Whereas

studies on the prevalence of smokers amongst youth in the face of warnings and restrictive measures of these warning labels have been conducted on the North Central, South-South (Momoh, Imhonde & Omeigbe, 2008) and South-West Nigeria (Oladele, Asaolu, Toriola, Arogbonlo & Moselakgomo, 2007; Osungbade & Oshiname, 2008), and the South East (Onyeonoro et al., 2015), an opportunity now presents itself to examine the attitudes of smokers towards smoking as a result of their exposure to the warning labels on cigarette packs. This is timely given that studies in this area are old and might reflect the current reality of the impact of these warning labels on smoking behaviour. At this point, it raises the question of why people are still smoking despite the warnings. Hence, the assessment of the attitude of smokers to the warning label “Smokers are liable to die young.”

### **Research Questions**

1. What is the level of smokers' awareness to the slogan, “Smokers are liable to die young”?
2. What is the smokers' attitude/perception of smoking as a result of their awareness of the slogan, “Smokers are liable to die young”?

### **Review of Related Literature and Studies**

The relationship between smokers and the warning labels has been a subject of significant interest by communication scholars. In order to establish a basis for cigarette smoking, several scholars have in the past investigated the prevalence of smokers in different climes of society as well as the characteristics. This perhaps is to create a launching pad for other studies in similar areas. One of such studies is that of Fawibe and Shittu (2011), which sought the rate at which students of the University of Ilorin smoke cigarettes and their characteristics. According to this study, the prevalence rate of current smoking was 9.7%; and smoking was more common in non-medical students. This suggests that students in the medical field rarely smoke because they know better hazardous effects of smoking. Their study further showed that at 83.8%, the majority of the smokers had already started smoking by their eighteenth birthday and a handful of them smoked over 5 sticks of cigarettes daily. In spite of this, the majority of the students who smoke weren't willing to quit. This Fawibe and Shittu (2011) attributed to the low perception of the negative effects of smoking. What could be responsible for the low perception of the negative effects of cigarettes even as the warnings are boldly written on the cigarette packs?

In answering the question of low perception, O'Hegarty, Pederson, Nelson, Mowery, Gable and Wortley (2006) conducted a study which sought to unravel the perception of young adults towards the warning labels on cigarette packs. Quitting cigarette smoking is almost always a function of how these warning labels are perceived. To this end, O'Hegarty et al., (2006), found out that smokers perceived warning labels to be highly effective precisely in the areas of smoking-related health effects, prevention, cessation and maintenance of abstinence. Contrary to this, Borzekowski and Cohen (2014) explain that health warnings labels featured on cigarette packages aren't effectively reaching young children with anti-smoking messages. However, their study noted that both current and former smokers thought that cigarette warning labels (both text and graphics) were massively more deterring than text-only labels. One may ask, why the discrepancies in the effectiveness of graphics and text-only labels? As the saying goes, pictures speak a thousand



words. But this aphorism does not necessarily provide the empirical answers desperately needed to put this point to bed.

The study of McCool, Webb, Cameron and Hock (2012) and Adebisi, Uchendu, Bamgboye, Ibitoye, and Omotola (2016) justifies the difference in effect between graphic and text-only warning labels when their textual analysis showed that graphic warning labels may influence adolescents by reiterating a negative image of smokers. Their study further showed that graphic warning in clear cigarette pack increased the eye paid to graphic warning labels which are responsible for the smoker's perceptions of the harm caused by cigarette smoking. This invariable reduces the social appeal of cigarette smoking. Corroborating this finding, on the other hand, Germain, Wakefield and Durkin (2010) assessed the effects plain packaging would have on adolescent perceptions of smoking. According to Germain et al., (2010), when graphic warning labels (such as colour, branded fonts, imagery) were progressively faraway from cigarette packs, adolescents perceived packs to be less appealing and such attributes of a typical smoker of the pack would be less positive.

In a somewhat general sense, Hammon et al. (2006) assessed the effectiveness of cigarette warning labels in informing smokers about the risks of smoking in a general sense with a focus on knowledge level. Hammond et al (2006) revealed that there are significant gaps in the knowledge of the risks associated with smoking. But smokers who notice the warnings were significantly more likely to endorse health risks. McCool et al (2012) and Germain (2010) agrees with Hammond et al (2006) in pointing out that warnings that are graphic in the content are simpler in communicating the health risks of smoking.

In the light of the above, few studies have been audacious enough to move away from the effectiveness of these warning labels to the testing various specific variables within smokers preventing the effectiveness of these warning labels. First of which is the age variations in risk perception and smoking decision (Viscusi, 1991). To Viscusi (1991), risk perceptions of smoking followed an expected pattern according to differences in age. The risk perceptions are greater in younger age cohorts and successively have a negative effect on smoking decisions. From a different perspective, Harris, Mayle, Mabbott and Napper (2007), sought to shed light on how smokers answer graphic messages of warning labels. Harris et al. (2007) tested whether smokers respond defensively to such images and whether allowing them to self-affirm reduces their defensiveness. Their study showed that self-affirmed participants rated the pictures as more threatening and personally relevant and that participants reported more negative thoughts and feelings and better levels of control, self-efficacy, and intentions.

Based on this reviewed literature and studies, it is clear that scholars have done justice to demystifying the correlation between the perceptions of smokers about warning labels. Still, the prevalence of smoking in society is staggering. It raises the question whether smokers think they are immune to the hazardous effects of cigarettes. Lee (1989) though an old study, aver that indulging in a dangerous behaviour will end in an unpleasant state of "cognitive dissonance." In order to deal with such an unpleasant state, smokers may deny the risks of smoking. Evidence of perception of immunity to the health dangers of smoking was found in their study.

Having assessed these empirical studies, it is observed that the majorities of these studies investigated foreign participants and are quite old. This presents an obvious gap that by assessing the attitude of smokers in Imo State to the warning labels of cigarette packs, this

study will fill.

### **Theoretical Framework**

#### **Health Belief Model**

This study is anchored on the Health Belief Model framework that seeks to explain health behaviours. The HBM was first developed within the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working within the U.S. Public Health Services. The Health Belief Model (HBM) may be a psychological model that attempts to elucidate and predict health behaviours. This is done by those specialized in the attitudes and beliefs of people. The model was developed in response to the failure of free tuberculosis (TB) health screening programme. Since then, the HBM has been adapted to explore a spread of long- and short-term health behaviours, including sexual risk behaviours and therefore the transmission of HIV/AIDS, and lastly, the Ebola killer virus (Jones, Jesen, Scharr, Brown, Katheryn & Weaver, 2015;

The HBM is based on the understanding that a person will take a health-related action (i.e., stop smoking) if that person:

- i. Feels that a negative health condition (i.e., Contracting lung cancer) can be avoided,
- ii. Has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., being free from smoking), and
- iii. Believes that he/she can successfully take a recommended health action (i.e., he/she can practice cessation measures to stop smoking).

The HBM was spelt out in terms of 4 constructs representing the perceived threat and net benefits: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. These concepts were proposed as accounting for people's "readiness to act." another concept, cues to action, would activate that readiness and stimulate overt behaviour. A recent addition to the HBM is the concept of self-efficacy or one's confidence within the ability to successfully perform an action. This concept was added by Rosenstock to assist the HBM better fit the challenges of adjusting habitual unhealthy behaviours (Becker, 1974; Champion & Skinner, 2008; Rosenstock, 1974)

**Table 1: The HBM at a Glance**

Concept	Definition	Application
<i>Perceived Susceptibility</i>	<i>One's opinion of chances of getting a condition</i>	Define population(s) at risk, risk levels; personalize risk based on a person's features or behaviour; heighten perceived susceptibility if too low.
<i>Perceived Severity</i>	<i>One's opinion of how serious a condition and its consequences are</i>	Specify consequences of the risk and the condition
<i>Perceived Benefits</i>	<i>One's belief in the efficacy of the advised action to reduce risk or seriousness of impact</i>	Define action to take; how, where, when; clarify the positive effects to be expected.
<i>Perceived Barriers</i>	<i>One's opinion of the tangible and psychological costs of the advised action</i>	Identify and reduce barriers through reassurance, incentives, assistance.
<i>Cues to Action</i>	<i>Strategies to activate "readiness"</i>	Provide how-to information, promote awareness, reminders.
<i>Self-Efficacy</i>	<i>Confidence in one's ability to take action</i>	Provide training, guidance in performing action.

Source: Glanz et al, 2002, p. 52

The relevance of this theory to the study is that it will help people to understand the severity of a given health danger that smoking presents and also inform them smokers are truly liable to die young.

### Methodology

This was a descriptive survey study among smokers in Imo State. The choice of descriptive survey is informed by the nature of this study which sought the opinions and attitudes of smokers towards the warning message of "Smokers are liable to die young" as recommended by Federal Ministry of Health. Imo State is one of the five states that make up the South-East geopolitical zones in Nigeria. As of the 2006 population census, it had the population of Three Million, Nine Hundred and Twenty-seven Thousand, Five Hundred and Sixty-three (3, 927, 563). However, when projected by a 2.8% growth rate in 2020, the projected population of the state would be Five Million, Seven Hundred and Eighty-One Thousand, Three Hundred and Seven-two (5, 781,372).

With an online Australian sample size calculator, the sample size of this study is 385. For the purpose of this study, the purposive or judgmental sampling technique was employed to arrive at a sample frame based on certain criteria:

- Respondents must be a current smoker, smoked before, and a potential smoker
- Respondents must be youth. This is selected due to the target market of tobacco

manufacturers.

Therefore, only those that selected yes to the above criteria were included in the study. The instrument used to obtain information from the participants in this study is the questionnaire.

The questionnaire contained questions on the demographic characteristics of the respondents such as the gender, age, marital status, occupation, religion, cigarette smoking status, average number of cigarettes smoked daily. The questionnaire also contained questions on the psychographic data relevant for this study.

In testing the validity of the questionnaire, the face validity method was adopted. This method demands that the instrument be submitted to communication lecturers/research experts to ensure that the instrument sets out to get what it ought to get. Moving on, the reliability of the study was ascertained by conducting a pilot study on 21 respondents who filled the questionnaire. Upon retrieval, it was observed that their responses were uniformed and consistent. For easy retrieval, the researcher made use of a face-to-face method of administering the instrument. This method ensures that the researcher collects the questionnaire immediately after being filled for analysis. Finally, presenting and analysing the data from the questionnaire, the simple percentage frequency method was used. This entails the placement of tested variables into a table with the frequencies of occurrence and percentages ascribed to each continuum.

### **Data Presentation and Analysis**

This section of the paper concerned itself with the analysis of the data gotten from the field. Out of the 385 copies, 381 copies were returned and found valid. This represents 98% response rate. Therefore, the analysis was done based on the returned copies of questionnaire.

### **Demographic Data**

The socio-demographic spread of respondents revealed that there were more males (75.9%) than females (24.1%). The huge gap in the gender distribution is as result of the criteria used in this study, which is that respondents must be either one of a smoker, former smoker or intending smoker. Even as there was a deliberate bias in the distribution of data which saw the researcher ensure that equal copies of questionnaire is shared to male and female participants evenly. Therefore, this implies that men smoke cigarettes more than women in this part of the world. This is in contrast to the studies of Onyeonoro et. al. (2015) and Brewer, et. al. (2016) in which findings revealed more female smokers than male.

Moving on, the demographic data also revealed that the majority of smokers were within the age bracket of 25 – 35 years old. This is a clear indication that the target market for tobacco manufacturers are youths who are mostly students given their ages. This is in agreement with the study of Fawibe and Shittu, (2011), which confirms the smoking prevalence amongst undergraduate students. Finally, the above tables showed that majority of respondents are middle income earners who are mostly married.

The data also showed that at 56.9%, majority of the respondents are educated with monthly income between Fifty Thousand Naira and Ninety-nine Thousand Naira. It is worthy of note that all participants are smokers. This was purposively done to ensure that the study sampled the attitudes of the required participants.



**Table 1: Respondents' level of awareness on the slogan, “Smokers are liable to dies young”**

<b>Smoking Frequency</b>	<b>Frequency</b>	<b>Percentage</b>
Daily	263	69
Nondaily	118	31
<b>Level of awareness of the slogan, “Smokers are liable die young”</b>	<b>Frequency</b>	<b>Percentage</b>
High	136	35.7
Moderate	129	33.9
Low	77	20.2
Not sure	39	10.2
<b>Sources of exposure to the warnings against smoking</b>	<b>Frequency</b>	<b>Percentage</b>
Television/radio adverts	90	23.6
Cigarette packs	125	32.8
Newspaper/magazine	52	13.6
Friends/relatives	42	11
Billboards	26	6.8
Health care workers	22	5.8
Others	24	6.3
<b>Total</b>	<b>381</b>	<b>100</b>

Source: Field Survey, 2020

In ascertaining the extent of awareness that the warnings against smoking cigarettes has been able to create amongst smokers, the above table showed that there is a correspondence between the majority of the smokers that smoke cigarettes on a daily basis and those who are highly exposed to the messages. The correspondence further connects with the revelation that their sources of exposure to the warnings against smoking cigarettes (i.e. smokers are liable to die young) are mainly cigarette packs of their favourite brand. The implication is that cigarette packs are the most viable means to warn smokers of the danger in smoking tobacco. This is in part because at the point of purchase, the warnings are constantly staring them at the face, burying these messages in their subconscious. If this is the case, then the question of why smokers still puff cigarettes couldn't be more timely and pertinent. A good suggestion would be one that highlights the tendency to perceive oneself as somehow immune, at least in part, to health risks.

**Table 2: Respondents' attitude/perception of smoking as a result of the warning slogan, "Smokers are liable to die young"**

Option	Frequency	Percentage
There are chances that long and term negative consequences would occur if I smoked cigarettes.	119	31.2
There are chances that the long and short term negative consequences of smoking would not affect me personally.	239	62.7
Not sure	23	6
Total	381	100

**Source: Field Survey, 2020**

In assessing the attitude/perception of smokers towards smoking as a result of their exposure to the warning slogan, "smokers are liable to die young," the above table revealed that the majority of smokers are of the view that the long and term negative consequences of smoking would not affect them. The implication is that smokers are likely not going to change their attitude towards smoking as long as they feel they are immune to the health risk of tobacco. This perhaps is responsible for the negative cessation behaviour smoking. It is however strange to note that the majority of the smokers believe that there is hardly any benefit derivable from smoking, yet erroneous underestimation of the risks smoking poses. The perception of personal immunity makes it more difficult to motivate risk-takers to change their behaviour. To these lots, the slogan is likened to pouring water on the stone. The self-immunity phenomenon is not new. This is what happens when one gives an assessment of the danger before him not to affect him as it affected others. Call it faith or optimism but, they are smokers.

### **Discussion of Findings**

The socio demographic data showed that there were more males (75.9%) than females (24.1%). The huge gap in the gender distribution is as result of the criteria used in this study, which is that respondents must be either one of a smoker, former smoker or intending smoker. Even as there was a deliberate bias in the distribution of data which saw the researcher ensure that equal copies of questionnaires are shared to male and female evenly. Therefore, this implies that men smoke cigarettes more than women in this part of the world. This is in contrast to the studies of Onyeonoro, et. al. (2015) and Brewer, et. al. (2016) which they both revealed more female smokers than male.

Moving on, the above table revealed that the majority of smokers were within the age bracket of 25 – 35 years old. This is a clear indication that the target market for tobacco manufacturers are youths who are mostly students given their ages. This is in agreement with the study of Fawibe and Shittu, (2011), which confirms the smoking prevalence amongst undergraduate students. Finally, the above table showed that the majority of respondents are middle income earners who are mostly married.

### **Smokers' Awareness level to the Slogan, "Smokers are liable to die young"**

In ascertaining the extent of awareness that the warnings against smoking cigarettes has been able to create amongst smokers, the above table showed that there is a correspondence between the majority of the smokers that smoke cigarettes on a daily basis and those who are highly exposed to the messages. The correspondence further connects with the revelation that their sources of exposure to the warnings against smoking cigarettes (i.e. smokers are liable to die young) are mainly cigarette packs of their favourite brand. The implication is that cigarette packs are the most viable means to warn smokers of the danger in smoking tobacco. This is in part because at the point of purchase, the warnings are constantly staring them at the face, burying these messages in their subconscious. If this is the case, then the question of why smokers still puff cigarettes couldn't be more timely and pertinent. A good suggestion would be one that highlights the tendency to perceive oneself as somehow immune, at least in part, to health risks.

Understanding factors influencing tobacco use are important in developing measures to regulate it. Some known determinants of tobacco use are sociodemographic factors like age, sex, religion, and socioeconomic status like the urbanity, environmental factors as use by parents, friends or school teachers, exposure to media, and advertisements. Other factors include low awareness regarding tobacco hazards and behavioural intention to use (Owie, 1984).

The study of McCool, et. al. (2012) highlighted the importance of cigarette packs as a veritable means of conveying warning messages of the harm in smoking. Their study offers evidence on how adolescents are appraising and interpreting graphic warning labels, and explores how dominant appraisals may affect the role graphic warning labels play in preventing smoking. Not only would plain cigarette packaging enhance the salience and impact of graphic warning labels, but it might potentially bolster the general message that cigarette smoking is harmful. In the context of a comprehensive tobacco control programme, graphic warning labels on plain cigarette packaging present a particular message about the risks (to health and image) related to cigarette smoking.

### **Smokers' attitude/perception of smoking as a result of the warning slogan, "Smokers are liable to die young"**

In assessing the attitude/perception of smokers towards smoking as a result of their exposure to the warning slogan, "smokers are liable to die young," the above table revealed that the majority of smokers are of the view that the long term negative consequences of smoking would not affect them. The implication is that smokers are likely not going to change their attitude towards smoking as long as they feel they are immune to the health risk of tobacco. This perhaps is responsible for the negative cessation behaviour smoking. It is however strange to note that the majority of the smokers believe that there is hardly any benefit derivable from smoking, yet erroneous underestimation of the risks smoking poses. The perception of personal immunity makes it more difficult to motivate risk-takers to change their behaviour. To these lots, the slogan is likened to pouring water on the stone. The self-immunity phenomenon is not new. This is what happens when one gives an assessment of the danger before him not to affect him as it affected others. Call it faith or optimism but, they are smokers. Who much needs both faith and optimism more than smokers?

Fewibe and Shittu (2011) agrees with these findings in their study by affirming that despite the low prevalence rate of smoking in the studied population, a majority of them were not willing to quit due to a coffee perception of the negative effects of smoking on their health and quality of life. Perhaps, it is a Nigerian thing that something must kill a man. At least it probably explains the reason for the negative effect of cigarettes when the awareness level of the dangers of cigarettes is on the high side. Maybe it is a Nigerian thing, otherwise, Hammond, et al. (2006) revealed that smokers who noticed the warnings were significantly more likely to endorse health risks, including lung cancer and heart disease. In each instance where labelling policies differed between countries, smokers living in countries with government mandated warnings reported greater health knowledge.

### **Conclusion and Recommendations**

The study sought the attitudes of smokers towards smoking as result of their exposure to the slogan, “smokers are liable to die.” Its major concern was on finding out the reason smokers still continue to puff smokes even as recommended by the Federal Ministry of Health, smokers are being educated on the health risks that accompany smoking. The findings showed that there were more male smokers than females, and were mostly within the age of 25 – 35. There is a high level of awareness of the health risks in smoking which cigarette packs served as the main sources of exposure to respondents. In spite of the high level of awareness of the dangers in smoking cigarettes, smokers' misperception towards smoking implies that they are not likely to cultivate a cessation attitude towards smoking. Based on these findings, the researcher concluded that smokers in Imo State still puff the smoke because they believe that they can cope with the dangers of smoking. The researcher therefore made the following recommendations:

1. Comprehensive antismoking campaigns are urgently needed to control cigarette smoking in Imo State and Nigeria at large.
2. Warning labels on cigarette pack should be accompanied with colourful graphics that is capable of delivering a strong message

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