

**Maori Smoker
and Whanau Response
to “It’s about whanau”
Television Commercials**

Final Report

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CONTENTS

ACKNOWLEDGEMENTS	2
CONTENTS.....	3
EXECUTIVE SUMMARY	5
Recall of advertisements/TVCs	5
Perceptions of the TVCs	5
Smoking and quitting behaviour	6
Discussing smoking/quitting.....	6
Quitline	6
1. BACKGROUND	7
Anti-tobacco advertising in 2001 and 2002	8
The research plan	8
The follow-up surveys	9
Methodology	9
Sample.....	9
Weighting.....	12
Analyses.....	12
Testing for strength of association and inferential significance of findings	12
Limitations	13
Explanatory notes and definitions.....	13
2. FINDINGS.....	14
Awareness of advertisements/TVCs	14
Health advertising awareness.....	14
Recall of smoking related advertisements/TVCs.....	16
Recall of “It’s about whanau”	19
Prompted and unprompted recall of “It’s about whanau”	19
Awareness by age and gender.....	19
Awareness in relation to amount smoked	21
Awareness and discussions about smoking	21
Perceptions of the TVCs	22
Perceptions by age and gender.....	25
Relationships between perception variables	26
Perceptions and smoking/quitting behaviour.....	27
Perceptions and discussions about smoking	27
Perceptions and quit attempts	31
Stage of change	32
Pre-contemplation	32
Contemplation.....	33
Preparation	33
Stage of Change by age and gender	34
Confidence to quit.....	34
Relationship between confidence and other variables	34
Association between contemplation stage of change and awareness of health or smoking advertisements/TVCs	35
Relationship between perceptions and stage of change	35
Smoking and quitting behaviour	37
Prompts to quitting attempts	38

Reasons for quitting	39
Influence of TVCs on quitting attempts.....	40
Actions personally taken as a result of seeing TVCs.....	40
Influence of TVCs on likelihood of quitting.....	41
Smoking and quitting discussions.....	42
Prompts to discussions.....	43
Influence of TVCs.....	44
Quitline and other quit action	45
Quitline awareness	45
Calling Quitline.....	45
Reasons for calling Quitline.....	47
Influence of TVCs on calling Quitline.....	47
Quitline by age and gender	48
Other actions taken or intended	48
3. CONCLUSIONS.....	50
4. REFERENCES	51
APPENDIX A: QUITTERS DATA	52
APPENDIX B: STATISTICAL DATA FOR BIVARIATE ANALYSIS	58
APPENDIX C: STATISTICAL DATA FOR GENDER AND AGE ANALYSIS	61
APPENDIX D: SMOKERS DATA.....	63
APPENDIX E: WHANAU DATA	64
5. SURVEY QUESTIONNAIRE	65

EXECUTIVE SUMMARY

In August 2001 a new campaign encouraging Maori smokers to stop smoking (“It’s about whanau”) was launched as part of the National Quit/Me Mutu Campaign. Baseline and two follow-up surveys were conducted to measure changes associated with the campaign. Two baseline surveys were conducted before the “It’s about whanau” campaign was launched. The first follow-up survey was undertaken four months following the launch (December 2001) and the second was carried out approximately one year following the launch, in September 2002. This report covers the second baseline survey and the two follow-ups.

Recall of advertisements/TVCs

Awareness of health advertisements was high at baseline and first follow-up (around 4 out of 5 people) and increased to 90% at second follow-up. Both smoker and whanau groups showed increases, with quitters having 95% awareness at second follow-up.

Of the health advertisements, television commercials (TVCs) about smoking had the highest levels of recall at baseline and follow-up. At the first follow-up “Every cigarette is doing you damage” and “It’s about whanau”, which had been introduced in this period, had the highest equal levels of unprompted recall (around 29%). There was no change in the recall of “It’s about whanau” from first to second follow-up, but there was an increase in recall of “Every cigarette is doing you damage” to 40% at second follow-up, largely due to increased recall among smokers.

At first follow-up about three quarters of the total sample had prompted or unprompted recall of “It’s about whanau.” This increased at second follow-up to 85%.

Perceptions of the TVCs

High proportions of respondents found the TVCs thought provoking, relevant and believable and about half the respondents thought “It’s about whanau” would make a smoker more likely to quit. Quitters had particularly positive perceptions of “It’s about whanau.”

Smokers viewed “It’s about whanau” more positively than “Every cigarette is doing you damage” and more smokers thought it would make smokers more likely to quit than would “Every cigarette is doing you damage.”

The most consistent relationships between perceptions (thought provoking, believable, relevant, would influence a smoker to quit) and other variables at second follow-up were found among the combined sample in relation to discussions about smoking; for example 56% of those who had discussed smoking in the previous four months found “It’s about whanau” very thought provoking compared to 45% of those who had not discussed smoking. These relationships were also generally consistent for smokers.

Smoking and quitting behaviour

Smokers were categorised into three stages of readiness to quit. There were no significant changes across the surveys; the highest proportion of respondents fell into the pre-contemplation stage (not seriously considering quitting in the next 6 months), followed by the contemplation stage (intending to quit in the next 6 months, but not in the next 30 days) and then the preparation stage (intending to quit in the next 30 days). Men were more likely than women to fall into the contemplation stage.

The strongest association between perceptions and stage of change was that two-thirds of smokers who thought “It’s about whanau” would be more likely to make a smoker quit planned to quit in the next six months, compared to 40% of smokers who thought they would make a smoker less likely to quit or make no difference.

Associations were found between the influence of “It’s about whanau” on attempts made to quit smoking and finding the TVCs thought provoking, relevant or likely to make a smoker quit smoking. For example, most of the smokers who said “It’s about whanau” had “a lot” of influence on their attempts to quit smoking in the four months prior to the second follow-up found the TVCs “very” thought provoking and “very” believable.

Discussing smoking/quitting

The main topics of discussions were similar at baseline and follow-ups: quitting, the health impact of smoking on the smoker, and cutting down. However, at second follow-up cutting down was overtaken by the impact of smoking on whanau/whakapapa as the third main topic of discussion.

The influence that “It’s about whanau” had on discussions about smoking/quitting was similar to that of “Every cigarette is doing you damage”; nearly three quarters of those who recalled these TVCs said that they had prompted discussions.

When all the whanau items were combined they were the main prompt for discussions on smoking at both baseline and first follow-up but, at the second follow-up, came after own volition.

Quitline

Awareness of the 0800 service increased across the surveys to reach 81% overall in the second follow-up. Correct name identification increased from 39% at baseline, to 48% at first follow-up and to 59% at second follow-up.

Approximately one in three who knew of the Quitline had ever called, with health impacts as the main prompt to call at the baseline study and “own volition”, followed by “whanau/family” as the main prompts at second follow-up.

1. BACKGROUND

The New Zealand Quit/Me Mutu Campaign has been running for over three years, since July 1999. It is delivered by The Quit Group, a non-government organisation whose board members include representatives from the Cancer Society of New Zealand, Health Sponsorship Council, and Te Hotu Manawa Maori¹. The campaign utilises three mutually supportive strategies: paid media, public relations and provision of a national Quitline service.

The campaign is based on a ‘personal agendas’ model of quitting developed by the Australian Ministerial Tobacco Advisory Group (MTAG). This model is similar to the ‘stages of change model’ (Prochaska, Norcross & Diclemente, 1995 in Waa, 2001) and is based on three principles:

- The day-to-day actions of individuals are influenced by an unwritten personal agenda.
- For intentions to become actions they must at least make an individual’s ‘today’ agenda.
- Behaviours (such as quitting smoking) that require on-going action over many days require resources and reinforcements that are external to the individual.

(Hill, Chapman & Donovan, 1998 in Waa, 2001)

The main function of the media campaign is to motivate smokers to call the Quitline. To achieve this, a key strategy of the Quit/Me Mutu Campaign has been the use of graphic, ‘threat-appeal’ television commercials (TVCs). Threat-appeal advertisements aim to develop new health beliefs in target audiences through the use of ‘threatening’ messages. It is intended that the message cause fear and anxiety in the individual, which is alleviated when they take on the ‘appealing’ part of the message, that is they quit smoking and/or call the Quitline (Waa, 2001). The key message and title of these TVCs is “Every cigarette is doing you damage”.

Proportionate numbers of Maori callers have responded to “Every cigarette is doing you damage” since its launch in 1999 (Waa, 2000). However, in recognition of disparities in the levels of smoking between Maori and non-Maori a new media campaign was needed to increase the level of Maori calls to the Quitline as well as prompt ‘spontaneous’ quit attempts. In May 2000 The Quit Group was contracted by the Ministry of Health to develop a Maori focused smoking cessation campaign. At the same time, Apaarangi Tautoko Auahi Kore (ATAK)² was contracted to provide advice to The Quit Group for the development of the new campaign. The campaign was developed in mid-2000 and launched in August 2001.

The intention of the “It’s about whanau” campaign was to focus on Maori smokers who identified as ‘Maori’. Key principles of the campaign were to use Maori concepts of health and well being and to tap into aspects of Maori culture and identity, in particular whanau.

A central strategy of the campaign is a focus on encouraging the smoker to quit for themselves and for the whanau. A total of 15 TVCs were produced. These are

¹ Maori partner organisation to the National Heart Foundation.

² The Maori Smokefree Coalition.

intended to deliver a message that is empowering, culturally relevant, believable and thought provoking with the aim to motivate Maori smokers to quit.

Anti-tobacco advertising in 2001 and 2002

The “It’s about whanau” campaign was launched in August 2001 with medium-heavy airtime in the first few weeks followed by a period of lighter airtime until December 2001. During this time no “Every cigarette is doing you damage” TVCs were aired.

In 2002, both campaigns were aired on television at different times throughout the year. “It’s about whanau” received a medium level of airtime during two weeks in each of the months of February, April, June, August, and late-September (following completion of the second follow-up survey).

The “Every cigarette is doing you damage” TVCs were aired in the intervening months, during late-January/early-February, March, late-April/early-May, July, September, and October, with medium airtime during the first six months, followed by light airtime.

These two campaigns were complemented by a second-hand smoke campaign, “Let’s clear the air”. This campaign focuses on the dangers of second-hand smoke. It comprises one TVC portraying a bar worker, and another a baby in its cot. These TVCs were aired during May 2002 as part of the lead-up to World Smokefree Day. They were modified slightly with the insertion of a variety of messages about the health effects of second-hand smoke and were aired again in August 2002, just prior to the second follow-up survey going into the field. The TVCs in this campaign received heavy airtime during both periods.

The research plan

A research plan was developed to monitor the net and individual effects of the campaigns. A key component of this plan was monitoring audience response to “It’s about whanau” TVCs. As a result, The Quit Group initially contracted a market research company to undertake two baseline and two follow-up surveys. The company completed the two baseline surveys but was unable to continue with the planned first and second follow-up surveys.

The first baseline survey was conducted in January/February 2001 and is reported on separately (Forsythe Research, 2001). The second baseline survey was conducted in July 2001, a month before the “It’s about whanau” campaign was launched. The aim of the second baseline survey was to provide an indication of behaviour and attitudes immediately prior to the “It’s about whanau” campaign.

The Quit Group approached the Whariki Research Group and the Alcohol & Public Health Research Unit at Auckland University to undertake the two follow-up surveys and associated report writing. The first follow-up survey was undertaken in December 2001 at the University of Auckland, four months following the launch of the “It’s about whanau” campaign (Whariki Research Group and Alcohol & Public Health Research Unit, 2002). By the time of the first follow-up survey, six TVCs had been aired as part of the campaign. A second follow-up survey was carried out in

September 2002 at Massey University, just over a year after the campaign had been launched.

The follow-up surveys

The objective of the follow-up surveys was to monitor Maori response to the “It’s about whanau” campaign. The aims of the research were to explore:

- Reach of the campaign advertising to Maori smokers and their whanau
- Awareness of specific campaign advertisements by Maori smokers and their whanau
- Perceptions of the campaign
- Influence of the campaign on quitting-related attitudes and behaviours
- Non-direct effects of the campaign amongst Maori smokers and their whanau.

Methodology

Survey questionnaires were developed by The Quit Group and Forsyte Research. Some questions were based on surveys undertaken as part of the Australian National Tobacco Campaign for comparability.

The follow-up surveys utilised the same method of sample recruitment as the second baseline survey undertaken by Forsyte Research. An in-house computer assisted telephone interviewing system (CATI) was used to collect data from a national sample of Maori randomly drawn from the Maori registry, within the general and Maori electoral rolls, that were then telematched. This provided phone numbers for residential households, where it was likely that a Maori person resided. Telephone numbers were entered into the computer system and randomly selected for interviews.

The CATI team was led by Whariki and was made up of Maori interviewers who underwent a full training programme.

Sample

Two sample groups were surveyed: current smokers and recent quitters, and whanau. When a residential household was reached, the interviewer asked to speak to a person in the household with the next birthday, who was 18 years or older. Respondents were then asked questions to ascertain if they were a current smoker (smoked at least weekly) or a recent quitter, who identified as Maori or, if not, whether they were close to a Maori smoker (‘whanau’). If people fitted either of these categories and were willing to participate in the survey, they were allocated to either the whanau or the smoker samples.

The second baseline sample of 473 comprised 254 smokers and 219 whanau. A broad interpretation of ‘whanau’ was used as ‘anyone close to a Maori smoker’ and could include family, friends and work mates of Maori smokers, who were not smokers themselves.

Interviews for the first follow-up surveys took no more than twenty minutes. The first follow-up survey provided two independent samples: 420 smokers and 230 whanau,

giving a combined sample of 650. The second follow-up survey comprised 404 smokers and 251 whanau, giving a combined sample of 655. People who had been impacted on by the campaign to the extent that it might have had an influence on their quitting were not excluded from the survey. Therefore, within the smokers' follow-up group there were 42 people in the first follow-up and 23 in the second follow-up who indicated that they had given up smoking in the four months prior to the survey.

The purpose of the whanau sample was to identify some of the broader impacts of the campaign, including: identifying who had been affected by exposure to the campaign; and how this had impacted on any subsequent behaviour/action/attitudes which could be seen as contributing to a more supportive smoking cessation environment for Maori.

Demographic details of the samples are listed in the tables following.

	Combined sample			Smokers							Whanau		
	B2	F1	F2	B2	F1			F2			B2	F1	F2
					S + Q	S	Q	S + Q	S	Q			
	%	%	%	%	%	%	%	%	%	%	%	%	%
Male	40	41	46	44	44	43	60	44	45	25	35	35	35
Female	60	59	54	56	56	57	40	56	55	75	65	65	65
Age:													
18-24	16	18	17	22	23	23	20	20	20	23	9	9	9
25-29	10	10	9	15	13	13	9	10	10	9	5	6	6
30-34	15	14	12	19	16	16	18	14	14	21	10	10	8
35-39	10	14	13	12	17	17	15	17	17	11	8	9	7
40-44	12	12	16	14	13	12	15	18	18	12	10	10	12
45-49	3	9	9	2	6	7	4	7	7	13	4	12	14
50-54	9	7	7	6	5	5	9	5	5	0	13	11	12
55-59	10	5	5	7	2	2	5	4	4	4	15	9	6
60+	15	12	13	5	5	5	6	6	5	7	26	26	26
N=	473	650	655	254	420	378	42	404	381	23	219	230	251

For details on abbreviations, see Explanatory notes and definitions, page 13

	Combined sample			Smokers							Whanau		
	B2	F1	F2	B2	F1		F2			B2	F1	F2	
	%	%	%	%	S + Q	S	Q	S + Q	S	Q	%	%	%
Employment:													
Self-employed	6	10	9	3	9	8	12	8	8	8	10	11	11
Full time salary/wage	30	45	47	32	47	47	47	50	49	57	28	41	42
Part time salary/wage	13	12	13	12	11	11	12	15	15	12	14	15	10
Retired	11	7	11	4	2	2	2	5	5	9	18	15	20
Full time homemaker	10	7	6	9	9	9	4	7	7	4	11	3	5
Student	6	7	4	8	10	9	17	4	4	4	4	2	4
Unemployed	5	4	2	7	5	6	4	2	2	0	3	2	2
Other beneficiary	17	7	7	21	6	6	1	8	8	6	12	8	6
Other	2	2	0	3	2	2	0	0	0	0	2	2	0
Household Income before tax:													
\$0-10,000 pa (\$0-190 pw)	11	8	5	12	7	7	10	4	4	4	9	9	8
\$10,001-25,000 pa (\$191-480) pw	24	24	21	24	26	26	20	19	20	7	24	21	24
\$25,001-35,000 pa (\$481-675) pw	17	13	17	18	12	13	4	19	19	14	17	14	13
\$35,001-50,000 pa (\$676-960) pw	16	19	22	17	20	20	20	23	22	34	15	18	21
\$50,001-80,000 pa (\$961-1540)	10	17	15	8	16	16	17	15	15	11	13	17	15
\$80,001 + pa (\$1541 +) pw	6	9	7	6	8	7	15	5	5	9	6	12	11
Don't know/refused	16	10	13	16	11	10	14	15	15	22	15	9	9
N=	473	650	655	254	420	378	42	404	381	23	219	230	251

The results for the Quitters' samples are descriptive only and need to be looked at in relation to the total sample characteristics, i.e. if not including lower socio-economic group in the sample frame and hence in the overall survey sample, this will affect characteristics of quitters (see Appendix A). It does not mean these characteristics apply to quitters in isolation to the total survey sample biases.

Such comparisons show that the only consistently different characteristics of Quitters across first and second follow-up samples, compared with smokers or total samples (smokers + whanau) at each time relate to household income: quitters at both follow-ups were more likely than either smokers or the total sample (smokers + whanau) to have household incomes of \$80,000+ and less likely to have incomes of \$25-30,000. Due to the small size of the Quitters' samples, these differences were not tested for statistical significance.

Weighting

The data obtained from smokers was weighted to reflect the age and sex distribution of Maori smokers taken from 1996 census data and *Taking the Pulse: the 1996/97 New Zealand Health Survey* (Ministry of Health, 1999). No similar data was available for the whanau sample. It was assumed that the combined second baseline survey and first follow-up survey of whanau gave an accurate representation of this population and each individual survey of whanau was weighted to the age and sex proportions found in the combined sample. These sets of weightings were used to calculate the design effect for the smoker, whanau and combined groups (de=1.06 overall).

Analyses

The following were the key areas of data analysis:

- Analysis of basic campaign awareness, reach and impact (e.g. current and future intentions regarding smoking behaviour).
- Statistical testing of key attitudinal and behavioural variables to detect significant change between baseline and follow-up.
- Correlation of attitudinal and behavioural results with awareness of the campaign and campaign messages.
- Analysis by sub-group as far as possible to identify how effective the campaign is with various target groups.

The analysis utilised data from the second baseline survey as an indication of behaviour and attitudes prior to the "It's about whanau" campaign and made comparisons with data collected in the second follow-up survey. Where appropriate comparisons were also made between the first and second follow-up surveys. Results are reported on in the text of the report if they were significant at the 95% level ($p \leq 0.05$) after adjustment for the design effect.

Testing for strength of association and inferential significance of findings

Chi-square testing was used for generalisability of the sample findings to the population from which the sample was drawn; – $p > .05$ results may be due to sampling

error. The lower the 'p', the less likely that the results are due to sampling error; $p < .05$ is the accepted level of generalisability for this report.

Cramers V = measures strength of the association between categorical variables or contingency coefficient (1.0=strong association; 0=no association).

Limitations

In some instances the numbers are small and differences are not statistically significant.

There have been no formal studies conducted to assess the effectiveness of using a CATI system to survey the Maori population. One possible limitation is that, according to the 2001 Census 14.4% of Maori did not have access to a telephone. In addition, while cost effective, there may be some biases as a result of using data from telematching names from electoral office information. This may affect the generalisability of the study findings to the general Maori population of smokers and whanau of smokers.

Explanatory notes and definitions

Unless otherwise stated, the 'smokers' group includes those who quit in the four months prior to either of the follow-up surveys.

Only the second baseline and first and second follow-up survey results are included in this report. Therefore, all references to the 'baseline survey' refer to the second baseline survey only. In some of the tables it has been necessary to abbreviate the baseline survey as 'B2', the first follow-up as F1 and the second follow-up as F2.

'Total sample' means that the findings for the total sample of both smokers and whanau are reported as a group. 'Combined' means that smokers and whanau who were asked these questions are reported as a group.

Unless otherwise indicated 'advertisements' refers to paid advertising that can appear in print, radio or television media. 'TVC' is an abbreviation of 'television commercial' and refers to paid advertising that appears on television only. IAW refers to "It's about whanau" and ECD refers to "Every cigarette is doing you damage."

Sums of percentages may not always add up to 100% due to rounding. Sample sizes may not always add due to weighting and may be rounded to whole numbers.

2. FINDINGS

Awareness of advertisements/TVCs

Health advertising awareness

In order to examine the saliency of anti-tobacco television commercials (TVCs) relative to other health related advertisements, respondents were asked whether, during the previous three months (B2: baseline) or four months (first and second follow-ups: F1 and F2), they had seen, heard or read any advertisements encouraging people to improve their own health and/or the health of others.

Table 1: Recall of health related advertisements

	Combined sample		Smokers		Whanau	
	B2	F2	B2	F2	B2	F2
	%	%	%	%	%	%
Yes	82	90	84	91	80	88
No	17	9	15	9	18	10
Don't know	1	1	1	0	2	2
N=	473	655	254	404	219	251

Overall awareness of health advertisements was high at baseline (82%), and increased at the second follow-up (90%). Both smokers and whanau showed increased awareness over time (Table 1). Awareness of health advertisements at second follow-up was particularly high for the n=23 quitters, at 95%.

If respondents said that they did recall a health related advertisement, they were asked what the advertisement was.

Table 2: Recall of specific health advertisements and TVCs

	Combined			Smokers			Whanau		
	B2	F1	F2	B2	F1	F2	B2	F1	F2
	%	%	%	%	%	%	%	%	%
Smoking related health advertisements/TVCs									
Quit Campaign TVCs:	49	37	54	49	41	56	48	30	51
a)Every cigarette is doing you damage	-	5	9	-	7	10	-	3	7
b)Call for help	-	16	28	-	18	28	-	10	23
c)It's about whanau	-	20	26	-	21	25	-	19	28
Smokefree	7	14	11	7	12	11	6	17	11
Auahi Kore	9	10	12	9	9	14	9	13	8
NRT therapies	5	1	4	6	1	5	5	1	3
Paua	3	1	0	5	1	0	2	2	0
Why start	2	2	2	-	1	1	5	4	3
Govt NRT scheme	5	2	3	5	3	4	6	2	2
Herbal/naturopathic smoking aids	5	2	3	5	3	3	3	1	2
World Smokefree Let's clear the air	18	1	2	17	1	3	19	1	1
Smokefree sport	2	1	1	2	1	0	2	2	1
Health warnings on cigarette packets	2	4	2	3	4	3	2	3	1
Zyban	1	-	1	2	-	1	2	1	1
Other smoking advertisements/TVCs	-	10	17	-	11	18	-	10	14
Other health advertisements/TVCs									
Obesity/Xenical	7	6	10	-	-	13	-	-	5
Alcohol moderation	5	2	1	-	-	1	-	-	1
Road transport	2	1	0	-	-	1	-	-	0
Breast screening	3	1	2	-	-	2	-	-	3
Cervical screening	3	1	1	-	-	1	-	-	1
Encouraging sport	1	2	3	-	-	2	-	-	3
Other exercise	7	3	4	-	-	3	-	-	4
Nutrition related	8	3	5	-	-	5	-	-	5
Can't remember/don't know	13	14	9	-	-	8	-	-	10
N=	388	555	589	213	368	368	176	187	222

- indicates data not available

At baseline, the highest identification of health advertisements/TVCs was 49% for the combined Quit Campaign TVCs “ECD: Every cigarette is doing you damage” and “Call for help”. At the first follow-up this had dropped to 37%, including recall of the newly introduced “IAW: It’s about whanau”, while identification of “Smokefree” generally had doubled, to 14%.

At second follow-up there were increases in recall of Quit Campaign TVCs compared to first follow-up, from 37% to 54% (Table 2). In comparison with baseline, recall of Quit Campaign TVCs at second follow-up was similar for all groups.

Responses to Quit Campaign TVCs from smokers and whanau were similar at the baseline study. However, at first and second follow-up whanau respondents had a lower level of recall than smokers, due to differences in recall of ECD and “Call for help”. Recall of IAW was similar for smokers and whanau at both follow-ups.

A range of new health advertisements³ included in the second follow-up survey was recalled by only 0-2% each.

Quitters

For those who quit within the four months prior to the second follow-up survey (“Quitters” n=23), IAW, Smokefree, Auahi Kore and other smoking related advertisements/TVCs were the most recalled health advertisements (see Appendix A for quitters data). The non-smoking related health advertisements with the highest recall were obesity/Xenical and exercise.

Recall of smoking related advertisements/TVCs

In order to examine the cut through of specific smoking related TVCs, all respondents were asked whether, during the previous three months (baseline) or four months (first and second follow-ups), they had seen, heard or read any advertisements about smoking, quitting smoking, second hand smoke or being a non-smoker.

Table 3: Recall of smoking related advertisements/TVCs

	Combined sample			Smokers			Whanau		
	B2	F1	F2	B2	F1	F2	B2	F1	F2
	%	%	%	%	%		%	%	%
Yes	82	79	87	82	81	89	82	76	84
No	17	19	12	17	18	11	17	22	15
Don't know	1	1	1	1	1	0	1	2	1
N=	473	650	655	254	420	404	219	230	251

Recall of smoking advertisements/TVCs was high at baseline (82%) and increased to 87% at second follow-up (Table 3). Recall by smokers increased from baseline to second follow-up, but whanau recall did not. Recall by quitters in the second follow-up (n=23) was 78%.

Those who said that they recalled an advertisement were then asked “What was this advertisement?” (“Unprompted recall”). After each response they were asked whether there were any others that they recalled.

³ Health advertisements for: Viagra, child abuse, Accident Compensation Commission Thinksafe, Heart Attack Week, asthma, Family Health Diary, mental health.

Of those who recalled a smoking ad/TVC at baseline, the most recalled was the “World Smokefree Day; Let’s clear the air - babies”, followed by “Every cigarette is doing you damage; Lungs”. Others recalled by at least 10% were: “Call for help”, “Aorta” and “Nicotine replacement therapy” (Table 4).

At the first follow-up survey there were declines in recall of all of these, though “Lungs” still rated highest of the individual advertisements/TVCs recalled. “It’s about whanau” and “Every cigarette is doing you damage” had the highest equal overall recall, with 29% of those who recalled a smoking ad/TVC having unprompted recall of at least one “It’s about whanau” TVC⁴. A similar proportion (25%) made unprompted recall of at least one of the “Every cigarette is doing you damage” TVCs. At first follow-up, the two most recalled of the “It’s about whanau” TVCs, each recalled by 8% of the sample, were Pita Sharples and Pauline Allan.

At second follow-up, the new category “second hand smoke” had the highest recall (41%). ECD recall increased and was next highest at 40% with IAW in third place and similar to first follow-up recall at 27%. Pita Sharples remained the highest recalled IAW TVC at second follow-up, with Vaughan Jackson being the next highest. Of the new IAW TVCs introduced at second follow-up the montage had the highest recall (7%).

At second follow-up smokers (45%) were more likely than whanau (36%) to recall “second hand smoke” and ECD (42% compared to 35%). Smokers and whanau had similar recall of IAW at second follow-up.

The amount of change in the “other” category, from 26% at baseline to 0% at second follow-up is most likely due to introducing “second hand smoke” as a separate category at second follow-up; many of the respondents made general references to “second hand smoke” at baseline and first follow-up that were entered into the “other” category.

Of the TVCs showing across the three survey time periods (this does not include IAW), the ECD “Lungs” TVC was the most recalled at second follow-up, by both smokers and whanau. The new ECD TVC introduced at second follow-up, “Eyes”, did not have high recall; 5% for all groups. World Smokefree Day remained high at second follow-up, particularly for smokers.

Quitters

For those who quit smoking in the four months prior to the second follow-up survey, the most recalled ECD TVCs were “brain” and “aorta”. Quitters were less likely than those still smoking to be able to specify a particular IAW TVC. Pita Sharples and Tina Poa were the most recalled IAW TVCs by quitters. No quitters recalled World Smokefree Day. Smokefree Sport, Why Start? posters/stickers/leaflets and articles/magazines were also recalled by quitters, but the highest proportion recalled “other smoking related advertisements”.

⁴ Unprompted recall of “It’s about whanau” or “Every cigarette is doing you damage” was assumed to be specifically related to TVCs as opposed to television, radio and print advertisements in general.

Recall of “It’s about whanau”

At first follow-up those who did not recall any Quit Campaign TVCs were asked whether they had seen any advertisements on television that feature ex-smokers and whanau/family of ex-smokers, most of whom are Maori, talking about the effect smoking has had on their lives and about quitting. Respondents were also told that at the end of these TVCs a telephone number appears as well as the campaign slogan “It’s about whanau”.

Table 5: Prompted Recall of “It’s about whanau”

	Combined		Smokers		Whanau	
	F1 %	F2	F1 %	F2	F1 %	F2
Yes	67	80	72	81	58	77
No	28	19	25	17	34	21
Don’t know/refused	5	1	3	2	8	2
N=	446	431	272	271	169	160

Just over two-thirds of those who did not recall the TVCs, recalled “It’s about whanau” when prompted at first follow-up, and this increased to 80% at second follow-up. Smokers (72%) had higher recall than whanau (58%) at first follow-up, but both groups increased at second follow-up to have similar levels of prompted recall: 81% for smokers and 77% for whanau (Table 5).

Prompted recall for those who had quit within four months of the second follow-up survey was 66%.

Prompted and unprompted recall of “It’s about whanau”

At first follow up total recall (combining unprompted and prompted recall) for “It’s about whanau” was 75%. At second follow-up this increased to 85%, meaning that more than four out of five of the sample reported seeing at least one “It’s about whanau” TVC.

Awareness by age and gender

At second follow up, awareness of health, smoking and prompted IAW advertising/TVCs was higher for women than for men (Table 6). For the smoking advertisements/TVCs and IAW this was true only for smokers, not for whanau.

When asked about general awareness of health and smoking advertisements, there were no gender differences for recall of the Quit Campaign overall.

Table 6: Recall of health and smoking advertisements/TVCs, by gender, second follow-up

Combined sample	Male %	Female %	Cramers V	P value
Health advertisements	87	94	0.12**	0.0015
Smoking advertisements	84	90	0.09*	0.0287
IAW prompted	76	85	0.12*	0.0140
Smokers				
Health advertisements	87	95	0.13**	0.0084
Smoking advertisements	85	93	0.13**	0.0085
IAW prompted	76	89	0.17**	0.0053
Whanau				
Health advertisements	85	93	0.12	0.0529
Smoking advertisements	83	86	0.04	0.5583
IAW prompted	75	80	0.06	0.4836

Cramers V measures strength of association between categorical variables, 1.0=high, 0=low

*=p<.05; **=p<.01; ***=p<.001

p value of <0.05 means sample finding is generalisable to population from which sample drawn. P value >0.05 means sample finding could be due to sampling error and not true for the population from which the sample is drawn, i.e. not generalisable.

There were no significant gender or age differences in unprompted awareness of IAW or ECD at second follow-up, however people aged 45+ had lower awareness than other age groups for prompted awareness of “It’s About Whanau” (Table 7).

Table 7: Prompted and unprompted recall of “It’s about whanau” and unprompted recall of “Every cigarette is doing you damage” by age group, second follow-up

	18-24 %	25-34 %	35-44 %	45+ %	Cramers V	P value
Its about whanau prompted	91	83	83	74	0.14*	0.0324
Its about whanau unprompted	26	25	32	24	0.07	0.3769
Every cigarette ... unprompted	46	44	39	34	0.10	0.1240

Cramers V measures strength of association between categorical variables, 1.0=high, 0=low

*=p<.05; **=p<.01; ***=p<.001

p value of <0.05 means sample finding is generalisable to population from which sample drawn. P value >0.05 means sample finding could be due to sampling error and not true for the population from which the sample is drawn, i.e. not generalisable.

Awareness in relation to amount smoked

Heavier smokers were more likely than lighter smokers to recall a health advertisement/TVC: 88% of those smoking 1-10 per day recalled a health advertisement/TVC compared to 100% of those smoking 21+ per day.

Awareness and discussions about smoking

At second follow-up, the combined sample and smokers showed a weak association between seeing any health advertisement/TVC and talking to anyone about smoking in the last four months, but there was no association for whanau (Table 8).

The combined sample and whanau showed a weak association between seeing any smoking advertisement/TVC and talking to anyone about smoking in the past four months but there was no association for smokers.

There was no association between prompted or unprompted recall of IAW or unprompted recall of ECD and talking to anyone about smoking in the past four months.

Table 8: Awareness of advertisements/TVCs by discussion of smoking in previous four months

Recall	Discussed smoking in previous four months					
	Combined sample		Smokers		Whanau	
	Yes %	No %	Yes %	No %	Yes %	No %
Health advts						
Yes	56	44	50	50	64	36
No	35	65	24	76	50	50
Smoking advts						
Yes	56	44	50	50	67	33
No	37	63	38	62	36	64
Prompted IAW						
Yes	50	50	48	52	55	45
No	52	48	45	55	60	40
Unprompted IAW						
Yes	57	43	48	52	71	29
No	56	44	50	50	56	34
Unprompted ECD						
Yes	60	40	55	45	71	29
No	54	46	46	54	65	35

Perceptions of the TVCs

The following section compares perceptions of the “Every cigarette is doing you damage” and “It’s about whanau” campaigns. The “Every cigarette is doing you damage” campaign had not been on air prior to the follow-up surveys and “It’s about whanau” was not on air at the time of the baseline survey. Therefore responses to “Every cigarette is doing you damage” are drawn from the second baseline survey and are compared to responses from “It’s about whanau” drawn from the follow-up surveys. Apart from a basic level of awareness of the two campaigns, perceptions were assumed to be relatively independent of reach and exposure to these campaigns.

Table 9: Have you found the advertisements thought provoking?

	Combined			Smokers			Whanau		
	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Very	44	44	50	36	45	48	55	43	54
Somewhat	32	42	35	38	40	35	24	47	33
Not at all	19	12	13	23	14	15	15	8	12
Don’t know	4	2	2	3	2	2	6	2	2
N=	395	503	569	219	345	353	176	158	215

Almost half (48%) of smokers found IAW “very” thought provoking compared to just over a third (36%) who found ECD “very” thought provoking (Table 9). Half of the combined sample found IAW “very” thought provoking compared to 44% of those who found ECD “very” thought provoking. There were no significant differences for whanau.

At the second follow-up, 61% of quitters found IAW “very” thought provoking.

Table 10: How believable have you found these advertisements?

	Combined			Smokers			Whanau		
	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Very	60	63	74	56	62	73	64	65	75
Somewhat	31	34	23	35	35	22	27	32	23
Not at all	6	2	3	6	2	4	6	4	1
Don’t know	3	2	1	3	1	0	2	2	1
N=	395	503	569	219	354	353	176	158	215

Almost three-quarters (73%) of smokers at second follow-up found the IAW advertisements “very” believable. By comparison, just over half (56%) of smokers at the baseline survey found the ECD advertisements “very” believable. Similar differences were found for the combined sample and whanau sample (Table 10).

At the second follow-up 76% of those who had quit within the previous four months found IAW “very” believable.

Table 11: How relevant to you have you found these advertisements?

	Combined			Smokers			Whanau		
	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Very	55	60	66	50	57	67	61	69	64
Somewhat	34	33	25	39	37	26	29	26	21
Not at all	8	6	8	9	6	6	7	5	13
Don’t know	3	1	1	2	0	0	4	1	1
N=	395	503	569	219	345	353	176	158	215

At second follow-up two thirds of smokers found the IAW TVCs “very” relevant. By comparison, half of the smokers at baseline found the ECD advertisements “very” relevant. The whanau sample showed no differences from baseline to second follow-up in finding the IAW or ECD TVCs “very” relevant. However, 7% at baseline found ECD “not at all” relevant compared to 13% finding IAW “not at all” relevant at second follow-up (Table 11).

At second follow-up, 71% of those who had quit within the previous four months found IAW “very” relevant.

Overall, more smokers reported IAW as being very thought provoking (Table 9), very believable (Table 10) and very relevant (Table 11) compared to ECD. Quitters reported particularly high levels of believability and relevance.

Table 12: Do you think these advertisements have made you/would make smokers more or less likely to quit smoking or make no difference?

	Combined			Smokers			Whanau		
	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”	“Every cigarette”	“It’s about whanau”	“It’s about whanau”
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
More likely	41	47	51	37	51	54	45	40	51
No difference	45	40	39	52	41	44	37	36	35
Less likely	8	8	6	8	6	5	9	14	6
Don’t know	6	5	4	3	2	2	9	10	8
N=	395	503	569	219	345	353	176	158	215

At baseline, fewer than half of the combined sample (41%) thought “Every cigarette is doing you damage” would make smokers more likely to quit; more (45%) thought the TVCs would make no difference to smokers quitting (Table 12). Whanau were more likely than smokers to think that “Every cigarette is doing you damage” would make smokers more likely to quit.

At the second follow-up a higher proportion of the combined sample thought “It’s about whanau” would make smokers more likely to quit smoking (51%). Smokers were more likely to think “It’s about whanau” would make smokers more likely to

quit (54%) than would “Every cigarette is doing you damage” (37%). There was no significant difference for whanau.

While there was no change from first to second follow-up in the proportion of smokers who thought the IAW TVCs would made smokers more likely to quit, there was an increase in the proportion of whanau who thought this, from 40% to 51%.

At the second follow-up, 63% of quitters thought that IAW would be more likely to make them quit, while 32% thought it would make no difference to their likelihood to quit smoking, and 5% thought IAW would make them less likely to quit smoking.

Table 13: Reasons for saying these TVCs would be more likely to make you/a smoker quit

	Combined			Smokers			Whanau		
	B2	F1	F2	B2	F1	F2	B2	F1	F2
	%	%	%	%	%	%	%	%	%
Shows health impacts/consequences	17	7	20	15	9	20	20	4	21
To avoid health impacts shown	8	5	25	6	6	28	11	4	18
Graphic contents/scared	9	3	4	9	4	6	9	0	2
TVCs reinforce that smoking is bad	6	3	17	4	3	19	9	2	14
Thinking about quitting/would like to give up	10	7	15	9	7	19	11	6	8
Quitting for the whanau	5	7	21	5	8	22	6	4	18
Increased family pressure to quit	4	5	17	2	6	18	7	1	14
Repetition prompts quitting thoughts	4	1	14	2	1	11	7	1	18
Cost of smoking	4	2	4	4	1	4	4	2	4
See ad regularly	1	1	5	0	1	4	3	0	6
NRT subsidy appeals	0	0	2	0	0	2	1	0	2
Other	65	70	10	71	68	7	57	75	14
N=reasons	372	479	282	211	337	177	161	142	105

For “Every cigarette is doing you damage” and “It’s about whanau”, health impacts were the reasons most commonly given as being more likely to make a smoker quit, although, with the introduction of “It’s about whanau” between the baseline and the first follow-up survey, “health impacts” as a reason had decreased. Analysis at second follow-up showed that health impacts were the most frequently given reasons for giving up, followed by whanau/family reasons (Table 13).

Overall, respondents at the second follow-up gave fewer multiple reasons for why they thought IAW would be more likely to make a smoker quit and this is reflected in the number of responses in the “other” category. Saying that the TVCs would increase awareness and make people think more about smoking and its consequences were common reasons at baseline and follow-up for thinking that the TVCs would be more likely to make a smoker quit. At first and second follow-ups the other common theme under “other” was that IAW depicted “real people”, was about Maori and about Maori whanau.

At both baseline and first follow-up the main reason given for saying the TVCs were less likely to make a smoker quit was “quitting is an individual, personal process” (n=7, n=8). This remained one of the main reasons at second follow-up (n=10), together with “not ready to quit” (n=12).

Those quitters who thought IAW would be more likely to make them quit smoking (n=11) did so for the following reasons (respondents could give more than one reason):

- they reinforce that smoking is bad n=4
- to avoid the health impacts shown n=4
- graphic contents/scared n=2
- they increase family pressure to quit n=2
- for whanau n=2
- you see the advertisement regularly n=1
- repetition of advertising n=1

The single quitter who thought IAW would make them less likely to quit did so because they believed that quitting was an individual process.

Perceptions by age and gender

There were no significant gender or age differences in perceptions of TVCs for the combined sample of smokers and whanau. Looking at smokers and whanau separately, however, showed some age relationships for smokers, and some gender and age relationships for whanau (Table 14).

Groups who thought the IAW TVCs were the most:

- Thought provoking: Smokers under 45 years
Female whanau members
Whanau over 24 years
- Believable: Smokers under 45 years
- Relevant: Whanau over 24 years

Female whanau members (59%) were more likely than males (47%) to find the TVCs thought provoking.

Table 14: Perceptions of “It’s about whanau” by age group, smokers and whanau

Smokers	18-24 %	25-34 %	35-44 %	45+ %	Cramers V and significance
IAW thought provoking: very	49	52	50	41	0.13*
somewhat	44	33	36	31	
not at all	7	15	14	28	
IAW believable: very	74	76	72	71	0.16**
somewhat	20	24	26	17	
not at all	6	0	2	13	
Whanau					
IAW thought provoking: very	34	57	54	58	0.17*
somewhat	30	38	35	32	
not at all	36	5	10	10	
IAW relevant: very	32	66	59	72	0.21**
somewhat	58	23	23	16	
not at all	10	11	19	12	

*=p<.05; **=p<.01; ***=p<.001

Relationships between perception variables

There were weak levels of association between whether the respondents thought that IAW was thought provoking, believable or relevant and whether they thought IAW would be more or less likely to make smokers quit. For example, 65% of those who thought IAW would make a smoker more likely to quit found the TVCs very thought provoking (Table 15).

Table 15: Relationship between perceptions

	More likely to quit %	Made no difference %	Less likely to quit %	Cramers V and significance
Very thought provoking	65	32	54	0.29***
Not at all thought provoking	3	29	6	
Very believable	83	64	64	0.17***
Not at all believable	1	6	0	
Very relevant	79	52	63	0.21***
Not at all relevant	3	16	9	

*=p<.05; **=p<.01; ***=p<.001

Perceptions and smoking/quitting behaviour

There were no significant associations between perceptions of IAW and the number of cigarettes smoked in a day.

The only significant association between perceptions of IAW and whether smokers had ever tried to quit was with whether the TVCs would make them more or less likely to quit. Just over half (53%) of those who had tried to quit thought IAW would make them more likely to quit, compared with 45% of those who had not tried to quit. Conversely, 10% of those who had not tried to quit thought the TVCs would make them less likely to quit compared with 4% of those who had tried to quit (Table 16). There were no significant associations with the timing of quit attempts; whether in the four months prior to the second follow-up, within the last year or more than a year ago.

Table 16 Influence of “It’s about whanau” on likelihood to quit by ever tried to quit

IAW TVCs make smoker	Ever tried to quit smoking		Cramers V and significance
	Yes %	No %	
More likely to quit	53	45	0.14*
No difference	43	45	
Less likely to quit	4	10	
N=	254	77	

*=p<.05; **=p<.01; ***=p<.001

Perceptions and discussions about smoking

The most consistent relationships between perceptions and other variables at second follow-up were found among the combined sample in relation to discussions about smoking. Finding IAW thought provoking, believable or relevant or believing it would influence a smoker to quit were all related to whether a respondent had discussed smoking in the previous four months; for example 56% of those who discussed smoking found IAW very thought provoking compared to 45% of those who had not discussed smoking (Table 17).

For smokers, these relationships were also significant, except for relevance of IAW TVCs. For whanau the only significant relationship was for “very believable” compared to “somewhat believable”.

Table 17: Perceptions of “It’s about whanau” whether discussed smoking with whanau, friends or workmates in previous four months

Combined sample	Discussed smoking in previous four months		Cramers V coefficient	P value
	Yes %	No %		
IAW thought provoking:				
very	56	45	0.14**	0.0037
somewhat	35	36		
not at all	10	18		
IAW believable:				
very	80	67	0.15**	0.0019
somewhat	18	28		
not at all	2	4		
IAW relevant:				
very	71	61	0.11*	0.0353
somewhat	22	28		
not at all	7	11		
IAW would make quitting:				
More likely	63	41	0.33***	<0.0001
No difference	31	53		
Less likely	5	6		
Smokers				
IAW thought provoking:				
very	54	44	0.14*	0.0279
somewhat	36	37		
not at all	10	19		
IAW believable:				
very	80	67	0.15*	0.0241
somewhat	18	27		
not at all	3	5		
IAW relevant:				
very	73	62	0.08	0.1187
somewhat	24	30		
not at all	4	8		
IAW would make quitting:				
More likely	68	36	0.33***	<0.0001
No difference	27	58		
Less likely	4	6		
Whanau				
IAW thought provoking:				
very	58	49	0.12	0.2079
somewhat	32	35		
not at all	9	16		
IAW believable:				
very	80	67	0.14	0.1089
somewhat	19	31		
not at all	1	1		
IAW relevant:				
very	69	59	0.13	0.1873
somewhat	21	23		
not at all	10	18		
IAW would make quitting:				
More likely	57	54	0.03	0.9142
No difference	37	39		
Less likely	7	7		

*=p<.05; **=p< .01; ***=p<.001

Whanau “believable” test is significant for “very” and “somewhat” only, excluding “not at all” because small numbers in the “not at all” category made testing invalid.

For all groups (combined sample, smokers or whanau), relationships between the IAW TVCs influencing discussions and whether TVCs would make quitting more or less likely were significant only between “more likely” or “no difference”). Inclusion of “less likely” made the testing invalid due to small numbers in this category (Table 18).

There was no relationship for any group between finding IAW believable and IAW influencing discussions.

For smokers, relevance of IAW was related to IAW influencing discussions only for degree of relevance (“very” or “somewhat”). Inclusion of “not at all relevant” made the testing invalid due to small numbers in this category.

For whanau, finding IAW thought provoking was related to the TVCs influencing discussion only for degree of thought provoking (“very” or “somewhat”). Inclusion of “not at all thought provoking” made the testing invalid due to small numbers in this category.

In general, the relationships were more likely for smokers than whanau (Table 18).

Table 18: Perceptions of IAW by influence of IAW on prompting discussions about smoking

	IAW influence of IAW on prompting discussions on smoking			Cramers V coefficient	P value
	A lot %	Some %	None %		
Combined sample					
IAW thought provoking:					
very	85	49	28	0.38***	<0.0001
somewhat	13	47	42		
not at all	2	4	30		
IAW believable:					
very	86	82	71	0.11	0.1968
somewhat	14	17	23		
not at all	0	1	6		
IAW relevant:					
very	86	73	48	0.25***	<0.0001
somewhat	13	23	33		
not at all	1	5	19		
IAW would make quitting:					
More likely	79	63	35	0.40***	<0.0001
No difference	14	24	62		
Less likely	4	9	0		
Smokers					
IAW thought provoking:					
very	83	47	24	0.38***	<0.0001
somewhat	15	47	43		
not at all	2	6	34		
IAW believable:					
very	84	84	67	0.11	0.3837
somewhat	16	14	23		
not at all	0	1	10		
IAW relevant:					
very	84	76	47	0.25**	0.0070
somewhat	14	23	39		
not at all	2	1	13		
IAW would make quitting:					
More likely	90	67	32	0.51***	<0.0001
No difference	4	27	68		
Less likely	6	5	0		
Whanau					
IAW thought provoking:					
very	87	51	32	0.39***	0.0003
somewhat	11	47	41		
not at all	2	2	27		
IAW believable:					
very	90	78	75	0.16	0.2213
somewhat	10	22	23		
not at all	0	0	2		
IAW relevant:					
very	88	68	48	0.22	0.0657
somewhat	12	22	28		
not at all	0	10	24		
IAW would make quitting:					
More likely	66	61	40	0.29*	0.0117
No difference	31	24	60		
Less likely	2	15	0		

*=p<.05; **=p<.01; ***=p<.001

Small numbers in “not at all” and “less likely” categories make tests across all categories invalid for whanau on all measures and for smokers on all variables except “thought provoking”, and combined sample for “believable” and “whether less likely to quit”.

Perceptions and quit attempts

Some of the strongest associations were between the influence of IAW on attempts made to quit smoking and finding IAW thought provoking, relevant or likely to make a smoker quit smoking (Table 19). For example, of the smokers who said that IAW had “a lot” of influence on their attempts to quit smoking in the four months prior to the second follow-up, 73% had found IAW “very” thought provoking and 84% had found IAW “very” believable.

Table 19: Perceptions of IAW by IAW influence on attempts made to quit in last four months

	Influence of IAW on attempts made to quit in last four months			Cramers V coefficient	P value
	A lot %	Some %	None %		
Smokers at F2					
IAW thought provoking:					
very	73	38	16	0.41*	0.0118
somewhat	23	55	50		
not at all	5	7	35		
IAW believable:					
very	84	84	50	0.25	0.1565
somewhat	16	16	33		
not at all	0	0	17		
IAW relevant:					
very	94	58	28	0.45**	0.0035
somewhat	6	42	44		
not at all	0	0	28		
IAW would make quitting:					
More likely	88	65	17	0.65***	<.0001
No difference	5	29	83		
Less likely	7	5	0		

*=p<.05; **=p<.01; ***=p<.001

Due to small numbers in “not at all” and “less likely” categories, tests were only valid when these categories were omitted.

Stage of change

The following tables relate to the stage that Maori smokers were at in relation to their readiness to quit. These stages are pre-contemplation (not seriously considering quitting in the next 6 months), contemplation (intending to quit in the next 6 months, but not in the next 30 days) and preparation (intend to quit in the next 30 days). Forty-four per cent were in the pre-contemplation stage at baseline and second follow-up (Table 20). Fewer were in the contemplation stage (32% at baseline and 30% at second follow-up) or in the preparation stage (22% at both times). There was no statistically significant difference in the proportions in each stage of change from baseline to follow-up.

Table 20: Stage of change

		Smokers (excluding quitters)	
		B2 %	F2 %
Precontemplation	Do not seriously intend to quit in next 6 months	44	44
Contemplation	Intend to quit within next 6 months but not next 30 days	32	30
Preparation	Intend to quit in next 30 days	22	22
Don't know/refused		2	4
N=		254	381

Pre-contemplation

At both baseline and second follow-up a similar proportion of smokers were in the pre-contemplation stage (44% at both baseline and second follow-up) (Table 21).

Table 21: Are you seriously considering quitting smoking cigarettes in the next six months?

	Smokers (excluding quitters)	
	B2 %	F2 %
Yes	54	52
No	44	44
Don't know/refused	2	4
N=	254	381

Proportions who were seriously considering quitting smoking cigarettes in the next six months (including in the next 30 days) were similar at the baseline survey (54%) and at second follow-up (52%).

Table 22: Who or what prompted you to consider quitting smoking in the next six months?

	Smokers (excluding quitters)			Significance	
	B2	F1	F2	Difference B2 to F2	
	%	%	%		
				Cramers V	P value
Own volition/decision	24	33	43	0.20***	0.0002
Concern about health impact	49	20	30	0.18***	0.0007
Whanau/family	26	37	39	0.13*	0.0152
Quit Campaign TVCs: ECD/IAW	6	2	4	0.04	0.4193
Cost of smoking	26	11	11	0.20***	0.0003
Friends	4	6	6	0.05	0.3755
N=	137	188	197		

*=p<.05; **=p<.01; ***=p<.001

At baseline the main prompt to considering giving up smoking in the next 6 months was “concern about health impact” (49%). At the second follow-up the main prompt was “own volition” (43%). Whanau family (39%) was the next most reported reason given at second follow-up for planning to quit, followed by health impact (30%). From baseline to second follow-up “whanau/family” and “own volition” both increased, while “concern about health impact” decreased (Table 22). “Cost of smoking” also declined as a reason for planning to quit.

Contemplation

Those who said that they were planning to quit in the next 6 months were then asked if they planned to quit in the next 30 days. Over half (52% at both first and second follow-ups) were not planning to quit in the next 30 days, which was similar to baseline (Table 23).

Table 23: Planning to quit smoking cigarettes in the next 30 days

	Smokers (excluding quitters)	
	B2	F2
	%	%
Yes	40	42
No	53	52
Don't know/refused	7	6
N=	137	198

Preparation

Table 24: Have you set a date when you plan to quit smoking cigarettes?

	Smokers (excluding quitters)	
	B2	F2
	%	%
Yes	33	31
No	66	67
Don't know/refused	1	2
N=	55	83

Similar proportions at baseline (33%) and second follow-up (31%) had set a date to quit smoking (Table 24), and most of these (96% and 89%) set the date to quit at within one month.

Stage of Change by age and gender

The only difference by age or gender for the stage of change variables was that men (60%) were more likely than women (49%) to report that they were planning to quit smoking in the next six months.

Confidence to quit

Those who said that they had quit or were planning to quit in the next 30 days were asked how likely or unlikely they thought it was that they would be able to stop smoking permanently.

Table 25: How likely or unlikely is it that you'll be able to stop smoking permanently?

	Smokers	
	B2 %	F2 %
Definitely	21	28
Very likely	19	20
Quite likely	10	10
50/50	41	33
Quite unlikely	6	3
Very unlikely	0	3
Definitely not	1	0
Don't know	1	3
N=	137	221

Differences in confidence in ability to quit were not significant between baseline and second follow-up (Table 25).

A very high proportion (87%) of those who had quit smoking in the four months prior to the second follow-up thought it was likely that they would be able to stop smoking permanently, with two out of three (67%) saying they thought they would “definitely” be able to stop permanently. None thought it was unlikely they would be able to stop permanently (see Appendix A for full details of quitters’ data).

Relationship between confidence and other variables

There was no relationship between confidence to quit and age or gender.

There was no relationship between confidence to quit and awareness of health or smoking advertisements/TVCs or prompted IAW recall. Due to the heavily positively skewed distribution of “confidence”, testing on variables with more categories proved invalid.

Association between contemplation stage of change and awareness of health or smoking advertisements/TVCs

Unprompted awareness of IAW showed a weak negative association with all stages of change except contemplation: unprompted recall was associated with being less likely to have ever tried to quit, with planning to quit within next six months, or within the next 30 days.

Table 26: Unprompted recall of IAW and ECD and stage of change

	Smokers (excluding quitters)			
	IAW unprompted recall		ECD unprompted recall	
	Yes %	No %	Yes %	No %
Ever tried to quit smoking	68	79	41	52
Planning to quit next 6 months	41	59	47	41
Planning to quit next 6 months but not next 30 days	71	50	44	59
Planning to quit next 30 days	29	50	56	41

[Read as: 68% of those with unprompted recall of IAW had tried to quit smoking; 41% were planning to quit in the next 6 months, 29% in the next 30 days]

The categories in the left column are not mutually exclusive.

Unprompted recall of ECD was weakly associated with planning to quit in the next 30 days (Table 26).

There were no significant associations between any of the awareness measures and perceived likelihood to stop smoking permanently.

Relationship between perceptions and stage of change

The strongest association between perceptions and stage of change was between whether a smoker was planning to quit in the next six months, and whether the IAW TVCs would be more or less likely to make a smoker quit (Table 27). Two-thirds (67%) of smokers who thought the IAW TVCs would be more likely to make a smoker quit planned to quit in the next six months, compared to 40% of smokers who thought the TVCs would make a smoker less likely to quit or make no difference.

Table 27: Perceptions of influence of “It’s about whanau” by whether plan to quit in next six months

	Smokers (excluding quitters)			Cramers V and significance
	IAW TVCs make smoker more likely to quit	IAW TVCs make no difference to smoker quitting	IAW TVCs make smoker less likely to quit	
Plan to quit next six months	67	40	40	0.28***
Do not plan to quit next six months	33	60	60	

*=p<.05; **=p<.01; ***=p<.001

There was no association between other perceptions of IAW and whether the smoker was planning to quit in the next 30 days, but very high positive distribution on the perception questions made testing invalid.

There was no association between overall perception of IAW and whether smokers had set a date to quit, again due to high positive response (Table 28). Testing found differences between “very” and “somewhat” categories for thought provoking, but there were too few in the “not at all” category to show any difference. Those who had set a date were less likely than those who had not set a date to find IAW “very” thought provoking. Responses for believable and relevant were too skewed to the “very” category to show any valid test result.

Table 28: Perceptions of “It’s about whanau” by whether set date to quit

	Smokers (excluding quitters)			Cramers V	P value
	Set date %	Not set date %			
Very thought provoking	45	69	0.25*	0.0496	
Somewhat thought provoking	46	23			
Very relevant	83	71	0.11	Not valid	
Somewhat relevant	17	26			
Very believable	91	78	0.12	Not valid	
Somewhat believable	9	17			

*=p<.05; **=p<.01; ***=p<.001

There were no significant associations between perceptions of IAW and likelihood to quit smoking permanently.

Smoking and quitting behaviour

Smoking and quitting related behaviour was collected to describe these characteristics in relation to the sample.

Table 29: Number of cigarettes smoked in an average day

	Smokers (excluding quitters)	
	B2 %	F2 %
1 – 10	47	47
11 – 20	38	40
21 – 30	10	8
31 or more	3	3
Don't know/refused	1	2
N=	254	381

Smoking behaviour at follow-up was similar to that at baseline. There was no significant difference (Table 29).

Table 30: Number of cigarettes smoked in an average day before quitting

	Quitters			
	F1		F2	
	%	<i>n</i>	%	<i>n</i>
1 – 10	46	19	48	11
11 – 20	34	14	38	9
21 – 30	17	7	14	3
31 or more	3	1	0	0
N=	42		23	

There were no significant differences between quitters at first and second follow-up, compared with baseline smoking behaviour (Table 30). Apparent differences are indicative only due to small numbers.

Table 31: How long ago did you quit smoking?

	Quitters			
	F1		F2	
	%	<i>n</i>	%	<i>n</i>
In last 2 weeks	17	7	25	6
In last month	26	11	7	2
In last 4 months	57	24	67	16
N=	42		23	

For those who had quit smoking within four months of a follow-up survey, quitting was most likely to have taken place more than a month before the survey (Table 31).

Table 32: Ever tried to quit smoking

	Smokers (excluding quitters)	
	B2 %	F2 %
Yes	72	77
No	28	23
Don't know/refused	-	-
N=	254	381

A high proportion of smokers had tried to quit smoking, and this was similar at the baseline study (72%) and in the second follow-up (77%) (Table 32).

Table 33: How long ago did you last try to quit smoking?

	Smokers (excluding quitters)		
	B2	F1	F2
	%	%	%
In the last 2 weeks	11	6	10
In the last month	4	7	6
In the last 3 months	12	17	8
In the last 6 months	19	7	9
In the last year	17	18	18
Over one year ago	36	45	49
Don't know/refused	2	1	1
N=	183	293	292

At second follow-up, fewer people were likely to have tried to quit between one and three months prior to the survey (8% compared with 12% at baseline) or between three and six months previously (9% compared with 19% at baseline) (Table 33). At second follow-up more smokers who had tried to quit were likely to have tried over a year ago (49% compared with 38% at baseline).

At baseline 27% had tried quitting in the last three months (combining in the last three months/last month/last 2 weeks), compared with 30% at first follow-up and 24% at second follow-up. These differences were not significant when tested.

Prompts to quitting attempts

Those who said that they had tried to quit in the previous three months (baseline) or four months (follow-ups) were asked their main reasons for trying.

Table 34: Main reasons given for trying to quit in previous three months (baseline) or four months (follow-up)

	Smokers (excluding quitters)			Significance	
	B2 %	F1 %	F2 %	Difference B2 to F2	
				Cramers V	P value
Own volition/decision	38	36	39	0.01	0.9342
Concern about health impact	23	16	24	0.01	0.8746
Whanau/family	26	27	37	0.12	0.2043
It's about whanau (difference F1 to F2)	-	1	2	0.02	0.8150
Every cigarette is doing you damage	13	3	2	0.22*	0.0174
Cost of smoking	13	8	8	0.08	0.3737
Friends	2	6	8	0.11	0.2434
N=	48	88	70		

*=p<.05; **=p<.01; ***=p<.001

Base sizes small so most results indicative only

“Own volition” was the main reason given for trying to quit in the previous three months (at baseline, 38%) or four months (at second follow-up, 39%), but at second follow-up “whanau/family” was similar (37%) (Table 34). The only change from baseline to follow-up was a decline in ECD as a reason for trying to quit, from 13% to 2%.

Apparent changes in “concern about health impact on smoker” from baseline to first follow-up, and first follow-up to second follow-up were not significant.

Reasons for quitting

Those who had quit smoking in the four months prior to the follow-up surveys were asked what their main reasons were for quitting.

Table 35: Main reasons given for quitting in the four months prior to 1st and 2nd follow-ups

	Quitters	
	F1 %	F2 %
Own volition/decision	36	41
Concern about health impact	10	28
Whanau/family	19	9
It's about whanau	5	0
Every cigarette is doing you damage	2	5
Cost of smoking	14	5
Friends	5	15
N=	42	23

Those who had quit in the four months between the baseline survey and the first follow-up were equally likely as those who tried to quit, but did not quit, to attribute their main reason for quitting to “own volition” (36%). Whanau/family was the next most common reason, given by 19% of quitters. However, 5% specifically mentioned

“It’s about whanau” as a reason for quitting. Cost was a reason for 14% of those who quit, and health impact a reason for 10%.

At second follow-up, “own volition” was followed by “concern about health impact,” “friends” and then “whanau/family” as main reasons. Any differences may be due to small numbers, but although “whanau/family” was a main reason for smokers to try to quit it was only fourth for quitters (Table 35).

Influence of TVCs on quitting attempts

Table 36: How much of an influence did these advertisements play in prompting the attempts you have made to quit smoking in the last three months (baseline)/four months (follow-up)?

	Smokers					
	B2		F1		F2	
	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
A lot	19	7	16	12	31	19
Some	53	20	47	35	38	23
None	28	11	33	24	31	19
Don’t know	0	0	3	3	0	0
N=	38		74		61	

Of those smokers who, at baseline, said they had attempted to quit in the three months prior to the survey (n=38), almost three quarters (72%) said “Every cigarette is doing you damage” had “some” or “a lot” of influence in prompting their attempts (Table 36). At second follow-up, 69% of those smokers who said they had attempted to quit in the four months prior to the survey (n=61) said “It’s about whanau” had “some” or “a lot” of influence. There was an increase of three percentage points in those who said the TVCs had no effect on their attempts to quit smoking.

There was no significant combined difference in those who said the “It’s about whanau” TVCs had “a lot” or “some” influence on their attempts to quit smoking in the four months prior to the first and second follow-up surveys. (The apparent increase in those who said the TVCs had “a lot” of influence, from 16% at first follow-up to 31% at second follow-up did not reach the level of significance.)

Actions personally taken as a result of seeing TVCs

Table 37: What (else) have you done as a result of seeing these advertisements?

	Combined		Smokers		Whanau	
	B2	F2	B2	F2	B2	F2
	%	%	%	%	%	%
Other action	34	19	33	18	35	20
No action	65	81	66	82	64	79
Can’t remember/ don’t know	1	0	1	0	1	1
N=	395	567	219	353	176	215

The proportion that had taken other action as a result of seeing the “Every cigarette is doing you damage” (baseline) or “It’s about whanau” (follow-ups) TVCs declined from 34% at baseline to 19% at second follow-up (Table 37). The results were

similar for both smokers and whanau. Actions reported under “other” were similar across the surveys:

- urging others including workmates and whanau to quit (9% at baseline and 5% at second follow-up)
- thinking about quitting and getting information on quitting (5% at baseline and 3% at second follow-up)
- cutting down (3% at baseline and 2% at second follow-up)
- avoiding smoking inside, particularly around children (3% at baseline and 2% at second follow-up).

Influence of TVCs on likelihood of quitting

Table 38: Did the “It’s about whanau” advertisements make you more or less likely to quit smoking?

	Smokers F1	Smokers F2	Quitters F1	Quitters F2
	%	%	%	%
More likely to quit	48	50	74	62
No difference	44	43	22	33
Less likely to quit	6	5	3	6
Don’t know	2	2	1	0
N=	310	336	35	17

At both first and second follow-ups, quitters appeared to be more likely than those still smoking to say that seeing “It’s about whanau” TVCs made them more likely to quit (Table 38). Quitters also appeared to be less likely to say the TVCs made no difference to their likelihood to quit: 22% at first follow-up and 33% at second follow-up compared to 44% of those still smoking. However, small numbers of quitters make comparison unreliable and not statistically significant.

Smoking and quitting discussions

Table 39: During the last three months (baseline)/four months (follow-ups), have you talked to anyone, such as whanau, friends or workmates about your/their smoking?

	Total sample			Smokers			Whanau		
	B2	F1	F2	B2	F1	F2	B2	F1	F2
	%	%	%	%	%	%	%	%	%
Yes	52	57	54	47	53	48	57	64	62
No	48	43	46	53	47	52	43	35	38
N=	473	650	655	254	420	404	219	230	251

Just over half (52%) of the sample had talked to someone about their smoking in the three months prior to the baseline survey and this was similar at both follow-up surveys (57% and 54% - Table 39).

In all surveys smokers were less likely to have talked to someone about their own smoking than whanau were to talk to a smoker about the smoker's smoking.

Quitters were more likely than those still smoking to have talked to someone about their smoking at both follow-ups (69% at first and 67% second), but due to small numbers these results are indicative only (See Appendix A for quitters data).

Table 40: What have you talked about in regards to your/their smoking?

	Combined			Smokers			Whanau		
	B2	F1	F2	B2	F1	F2	B2	F1	F2
	%	%	%	%	%	%	%	%	%
Quitting/stopping smoking	59	50	69	49	46	71	69	57	68
Impact on personal health	26	24	32	15	25	32	36	22	34
Cutting down	17	17	14	18	14	15	14	9	12
Financial cost/impact	13	10	10	15	13	12	7	7	8
Coping strategies for quitting	12	3	6	13	2	7	13	3	5
Impact of smoking on whanau/whakapapa	12	13	16	10	13	14	14	15	18
Second hand smoke exposure	6	7	4	3	5	3	9	11	5
Ways to reduce second hand smoke exposure	4	3	3	3	3	3	5	3	4
Encourage others not to start	8	3	6	-	2	5	15	4	7
N=	244	370	351	120	222	195	124	148	156

Quitting or stopping smoking was the most discussed topic at baseline (59%), increasing to 69% at second follow-up (Table 40). The impact of smoking on smoker's own health was the next most discussed topic, discussed by 26% at baseline and a similar proportion (32%) at second follow-up. Cutting down on smoking was the third most mentioned topic at baseline (17%) and although this was reported by a similar proportion at second follow-up (14%), it was overtaken in the rankings by "impact of smoking on whanau/whakapapa" (16%).

At the time of the second follow-up the proportion discussing coping strategies for quitting smoking had declined from 12% to 6%.

There were some differences between smokers and whanau as to what the smoking discussions were about. Quitters showed the same general pattern as smokers (see Appendix A for quitters data).

Prompts to discussions

Table 41: Who or what prompted the discussions you have had about smoking?

	Combined			Smokers			Whanau		
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Whanau/family	21	24	23	21	31	32	19	13	12
Health impact on whanau/whakapapa	15	8	7	3	5	5	26	12	9
Non-health impacts on whanau/whakapapa	7	7	5	5	4	3	7	11	7
At least one of whanau reasons above	35	37	33	29	39	39	40	33	26
Own volition/decision	32	30	40	29	25	40	33	38	40
Concern of smoker about own health impact	18	5	12	17	4	12	22	9	12
Concern of whanau about health impact on smoker	15	10	18	6	10	14	25	11	23
Health impact of others smoke on whanau/family member	16	6	8	6	4	6	27	9	11
It's about whanau	-	1	3	-	1	3	-	1	4
Every cigarette is doing you damage	5	1	2	7	0	0	4	1	3
Friends	9	17	13	10	21	17	9	11	8
Work colleagues	7	11	11	9	14	17	6	7	4
Cost of smoking	6	5	5	7	7	7	6	3	2
N=	244	370	351	120	222	195	124	148	150

“Own volition” was the single most frequent prompt for discussions about smoking, at both baseline and follow-up, with whanau/family as the second most important single coded item (Table 41). When all of the “whanau” related items were combined, this became the main prompt at both baseline (35%) and first follow-up (37%), but is second (33%) to “own volition” (40%) at second follow-up. This decline for “at least one whanau reason” being a prompt to discussions about smoking was due to a decline among the whanau group rather than the smokers (Table 41).

Four aspects of health concerns (concern of smoker about own health impact, concern of whanau about health impact on smoker, health impact of others’ smoke on whanau/family member, and health impact on whanau/whakapapa) were next most important at baseline, but concern about health impacts on smoker or others declined between the baseline and both follow-up surveys. “Every cigarette is doing you damage” also declined in importance between the baseline and second follow-up, from 5% to 2%.

Although numbers are too small for testing, quitters (n=16) appear to be less likely than those still smoking to report health factors, especially the health effects on

whanau (0) as a prompt to discussions about smoking, and more likely to report own volition (57%) and work colleagues (33%). (See Appendix A for quitters data).

Influence of TVCs

Table 42: Influence of TVCs in prompting discussions about smoking in the last three/four months.

	Combined			Smokers			Whanau		
	ECD B2	IAW F1	IAW F2	ECD B2	IAW F1	IAW F2	ECD B2	IAW F1	IAW F2
	%	%	%	%	%	%	%	%	%
A lot	33	23	32	26	27	33	40	16	32
Some	40	48	43	43	48	46	36	49	38
None	25	28	25	29	24	21	21	34	30
Don't know	2	1	0	2	1	0	3	1	0
N=	201	287	293	99	185	167	102	105	126

At baseline, the reported influence of ECD in prompting discussions about smoking in the previous three months was relatively high (73%). The influence of IAW in prompting discussions about smoking prior to the first follow-up (71%) and second follow-up (75%) was similar.

At first follow-up there was a difference in the degree of influence, with IAW being less likely to have had “a lot” of influence in prompting discussion about smoking (Table 42). This difference is almost entirely due to the difference for the whanau group: smokers showed no difference from baseline to first follow-up in those who felt the TVCs had “a lot” of influence. However, 40% of the whanau group thought ECD had “a lot” of influence on prompting discussions about smoking, while 16% thought IAW had “a lot” of influence.

At second follow-up, these differences in the degree of influence of IAW on discussions were not present and the findings at second follow-up were similar in this respect to the findings at baseline for ECD.

Smoking and quitting discussions were not analysed by age and gender.

Quitline and other quit action

Quitline awareness

Table 43: Are you aware of a free 0800 number service available to help people quit smoking?

	Combined			Smokers			Whanau		
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Yes	69	73	81	78	79	87	60	63	73
No	31	26	18	22	21	13	40	36	27
Don't know	0	1	0	0	0	1	0	1	10
N=	473	650	655	254	420	404	219	230	251

At baseline, over two-thirds (69%) of the sample were aware of the free 0800 number service available to help people quit smoking. Awareness was higher among smokers (78%) than among whanau (60%).

At the first follow-up there was similar awareness of the free 0800 number service for all groups (Table 43). At second follow-up there were increases for all groups: to 81% for the combined sample, to 87% for smokers, and to 73% for whanau. Awareness remained higher for smokers than for whanau.

Awareness among quitters at the second follow-up was similar to the combined sample, at 83%.

Table 44: Do you know what this 0800 service is called?

	Combined			Smokers			Whanau		
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Yes, Quitline	39	48	59	44	49	62	31	44	53
Yes, other	11	6	-	12	6	-	8	5	-
No	49	44	37	42	41	34	58	49	42
Don't know	2	3	5	1	3	4	3	3	5
N=	329	475	529	198	298	350	131	144	179

- indicates data not available

Correct identification of the name of the 0800 service (Quitline) increased from 39% at baseline to 48% at first follow-up and again to 59% at second follow-up. Smokers (62% at second follow-up) had a higher proportion correctly identifying Quitline than the whanau group, but both groups showed similar increases from baseline to second follow-up (Table 44). For quitters at second follow-up, identification was 40%.

Calling Quitline

Table 45: Have you ever called Quitline?

	Combined			Smokers			Whanau		
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Yes	32	28	30	33	33	37	29	15	12
No	68	72	70	67	67	62	71	85	88
N=	127	226	284	87	147	197	41	63	85

At baseline, one-third (32%) of those who knew of the 0800 Quitline service had ever called it. Most of these were smokers (73%). At the first follow-up the proportion of smokers (including quitters) remained the same at 33% but there was a decline in the proportion of whanau who had ever called the Quitline, from 29% to 15%. These patterns remained at second follow-up (Table 45), with no increases for the combined sample or smokers, but a decrease for whanau. Quitters at second follow-up had a similar call rate to smokers (36%). Of the entire sample at second follow-up, 5% of whanau and 18% of smokers, resulting in 13% of the combined sample, had ever called the Quitline.

Table 46: Prompted recall of calling Quitline/the 0800 service

	Combined			Smokers			Whanau		
	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %	B2 %	F1 %	F2 %
Yes	6	9	8	10	13	10	3	4	4
No	93	89	92	89	86	90	97	94	95
Don't know/ can't remember	0	1	0	1	1	0	0	3	1
N=	346	424	371	167	257	205	178	167	166

At baseline 6% (n=22/346) had called the 0800 service compared to 8% at second follow-up. Smokers were more likely than whanau to have called the 0800 service (Table 46). There was no change between baseline and follow-ups.

Prompted recall of the Quitline/0800 service for quitters was 27% at first follow-up and 18% at second follow-up.

Table 47: How long ago did you last call the Quitline?

	Combined			Smokers			Whanau					
	B2	F1	F2	B2	F1	F2	B2		F1		F2	
	%	%	%	%	%	%	%	n	%	n	%	n
Within the last week	3	1	3	2	2	4	5	1	0	0	0	0
2-3 weeks ago	1	4	8	1	4	7	0	0	5	1	13	2
1 month ago	3	2	3	2	2	3	5	1	0	0	0	0
2 months ago	6	7	3	8	8	4	0	0	5	1	0	0
3-4 months ago	10	19	9	12	21	8	5	1	8	1	13	2
Total within last 3-4 months	23	33	26	25	37	26	15	3	18	3	26	4
More than 3-4 months ago	57	54	64	60	54	67	50	8	55	9	46	8
Can't remember/ don't know	20	12	11	15	9	7	35	5	27	4	28	5
N=	62	103	113	46	87	96	16		16		18	

Over half of those who had called the Quitline had done so more than three to four months prior to the surveys (Table 47). About a third of smokers (37%) who had called Quitline had done so within the four months prior to the first follow-up, compared to 18% of whanau. At second follow-up similar proportions of smokers and whanau (26%) had called Quitline in the four months prior to survey. There were no significant increases for any group from baseline to second follow-up, but there is an apparent increase from baseline to first follow-up for the combined sample (23% to 33%) and for smokers (25% to 37%).

At baseline 20% could not remember when they called; this had dropped to 12% at the first follow-up and 11% at second follow-up. Whanau were more likely than smokers to not remember.

For those who had quit within the four months prior to follow-up, 46% at first follow-up and 47% at second follow-up had called within the last 3-4 months

Reasons for calling Quitline

Table 48: Who or what prompted you to call the Quitline on the last occasion you called?

	B2 n	F1 n	F2 n
Concern about own health/smoker	5	2	3
Own volition	3	14	15
Whanau/family	5	9	8
Health impact on others (not whanau)	1	1	0
Quit Campaign TVCs	2	3	1
Friends	1	1	2
Work colleagues	1	1	0
NRT publicity	1	0	0
N=	14	34	29

Note respondents may have given more than one answer

Numbers are small as few respondents had called Quitline, therefore most results are indicative only

At the baseline, concerns about health impacts and whanau/family were the most likely prompts to call the Quitline (Table 48). At first follow-up and second follow-up own volition was the most likely prompt, followed by whanau/family.

Influence of TVCs on calling Quitline

Table 49: Influence of TVCs in prompting decisions to ring the Quitline on the last occasion respondents rang

	Combined						Smokers (including quitters)					
	B2		F1		F2		B2		F1		F2	
	%	n	%	n	%	n	%	n	%	n	%	n
A lot	39	6	26	8	32	8	28	3	28	8	36	8
Some	36	5	55	17	39	10	47	5	58	16	34	8
None	25	4	19	6	30	8	25	3	14	4	30	7
N=	15		30		26		11		28		23	

A small number of people who recalled the TVCs had rung the Quitline: n=15 in the baseline survey and n=30 in the first follow-up, and n=26 at second follow-up, so comparison of findings over time should be interpreted with caution and do not show

any statistically significant change (Table 49). Three whanau had phoned Quitline, at baseline and first follow-up, and four at second follow-up. Five quitters had phoned Quitline at first follow-up and n=4 at second follow-up. Separate data in Table 49 is presented for smokers (including quitters).

Quitline by age and gender

Women (87%) had higher awareness of the 0800 service than men did (75%).

People aged over 45 were less aware of the 0800 service and less likely to know its name “Quitline” than younger groups (Table 50).

However, when prompted and unprompted recall of Quitline were combined, young people aged 18-24 and those aged 45+ were equally likely to have called Quitline. Other age groups had similar results (Table 50). Those aged 45+ were more likely than other age groups to have called Quitline in the previous four months, but differences were not great and for all age groups more than four out of five had last called Quitline within the four months prior to second follow-up.

Table 50: Quitline responses by age group

	18-24 %	25-34 %	35-44 %	45+ %	Strength and significance
Aware of 0800 service	85	88	85	73	0.15**
Correctly identify Quitline	59	70	65	50	0.16**
Ever called unprompted	17	33	35	31	0.14
prompted	18	9	4	5	0.19**
Called within last 4 months	88	84	88	94	0.12*

*=p<.05; **=p<.01; ***=p<.001

Other actions taken or intended

A new question asking smokers about assistance other than ringing Quitline was added at second follow-up.

Table 51: Apart from ringing the Quitline, did you do any of the following to help you with stopping smoking?

	F2 %
Cold turkey/will power	67
Spoke with whanau/friends	19
Used hypnotherapy, acupuncture or herbal remedies such as Nicobrevin	17
Saw a doctor	10
Nothing	9
Saw an iwi/local health worker	7
Other	3
Don't know/refused	2
N=	92

Less than one in ten (9%) of those who rang the Quitline said they had not done anything else to help them stop smoking. Two out of three (67%) said they had tried cold turkey/will power, one in five (19%) had spoken with whanau or friends, and 17% had used hypnotherapy, acupuncture or herbal remedies such as Nicobrevin (Table 51).

For those who had quit within the four months prior to second follow-up, the most frequent other action taken was “cold turkey/will power” (84%), followed by “spoke with whanau/friends” (24%), “saw a doctor” (10%) and “used hypnotherapy, acupuncture or herbal remedies such as Nicobrevin” (7%). Only 4% did nothing other than ring Quitline.

Table 52: If intending to quit within next six months, which of the following do you think you will do to help with stopping smoking?

	F2 %
Cold turkey/will power	51
Ring the Quitline	32
Use hypnotherapy, acupuncture or herbal remedies such as Nicobrevin	28
Speak with whanau/friends	17
See a doctor	14
See an iwi/local health worker	7
Nothing	1
Other	0
Don't know/refused	4
N=	199

Half of those who said that they intended to quit within the next six months said they would use cold turkey/willpower to do so (Table 52). One in three said they would ring the Quitline, with a similar number (28%) saying they would use hypnotherapy, acupuncture or herbal remedies such as Nicobrevin. One in five said they would see a doctor (14%) or iwi/local health worker (7%). Seventeen per cent said they would speak with whanau or friends to help them stop smoking.

3. CONCLUSIONS

Awareness of health and smoking campaigns was high and remained at a high level from the time of the baseline survey to the follow-ups. Smoking advertisements had higher individual recall than other health advertisements/TVCs, but this could possibly be a research effect cued by the topic of the research (in order to select participants respondents were initially asked if they were or had been smokers and if not, whether they were close to Maori smokers).

Total recall for “It’s about whanau” was high and rose between the two follow-up surveys to more than four out of five respondents.

“Every cigarette is doing you damage” and “It’s about whanau” had high reported levels of provoking thought, believability, and relevance. However, smokers viewed “It’s about whanau” more positively than “Every cigarette is doing you damage.”

A small number of gender and age differences were found: respondents over 45 had lower unprompted awareness of “It’s about whanau”; smokers over 45 were the least likely to find “It’s about whanau” thought provoking or believable; 35-44 year old whanau group respondents were the most likely to find the TVCs “not at all relevant” and young whanau (18-24) were the most likely to find them “not at all” thought provoking and the least likely to find them “very” relevant.

Awareness and correct name identification of Quitline increased over time.

The results indicate that, although Maori are influenced by health impact messages “own volition” is seen as a powerful motivator. Shifts to whanau as a more important motivator occurred only in some areas.

Associations were found between positive perceptions of “It’s about whanau” and discussions on smoking and between positive perceptions of the campaign and saying that it had a lot of influence on smokers’ quit attempts.

4. REFERENCES

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APPENDIX A: QUITTERS DATA

Table 1: Gender and age

	1 st follow-up		2 nd follow-up	
	%	n	%	n
Sex:				
Male	60	25	26	6
Female	40	17	74	17
Age:				
18-24	20	8	26	6
25-29	9	4	9	2
30-34	18	8	21	5
35-39	15	6	11	3
40-44	15	6	12	3
45-49	4	2	11	3
50-54	9	4	0	0
55-59	5	2	4	1
60+	6	3	6	1
N=	42		23	

Table 2: Employment and income

	1 st follow-up		2 nd follow-up	
	%	n	%	n
Employment category:				
Self-employed	12	5	7	2
Full time salary/wage	47	20	58	13
Part time salary/wage	12	5	12	3
Retired	2	1	8	2
Full time homemaker	4	2	4	1
Student	17	7	5	1
Unemployed	4	1	0	0
Other beneficiary	1	0	6	1
Other	0	0	0	0
Household Income before tax:				
\$0-10,000 pa (\$0-190 pw)	10	4	4	1
\$10,001-25,000 pa (\$191-480) pw	20	9	7	2
\$25,001-35,000 pa (\$481-675) pw	4	2	14	3
\$35,001-50,000 pa (\$676-960) pw	20	9	33	8
\$50,001-80,000 pa (\$961-1540)	17	7	11	3
\$80,001 + pa (\$1541 +) pw	15	6	10	2
Don't know/refused	14	6	21	5
N=	42		23	

Table 3: Awareness of health related advertisements/TVCs

	n	%
Recall of health related advertisements		
Yes	22	95
No	1	5
Don't know	0	0
N=	23	
Recall of specific health advertisements and TVCs		
Smoking related health advertisements/TVCs		
Quit Campaign TVCs:		
a)Every cigarette is doing you damage	2	8
b)Call for help	1	4
c)It's about whanau	5	21
Smokefree	4	18
Auahi Kore	4	19
NRT therapies	0	0
Paua	0	0
Why start	1	5
Govt NRT scheme	1	4
Herbal/naturopathic smoking aids	0	0
World Smokefree	1	5
Let's clear the air		
Smokefree sport	0	0
Health warnings on cigarette packets	1	6
Zyban	2	10
Other smoking advertisements/TVCs	5	22
Other health advertisements/TVCs		
Obesity/Xenical	2	11
Alcohol moderation	0	0
Road transport	0	0
Breast screening	2	8
Cervical screening	1	4
Encouraging sport	0	0
Other exercise	3	13
Nutrition related	0	0
Can't remember/don't know	1	4
N=	22	

Table 4: Awareness of smoking related advertisements/TVCs

Recall of smoking related advertisements	n	%
Yes	18	78
No	5	22
Don't know	0	0
N=	23	
Unprompted recall of individual smoking advertisements/TVCs		
Every cigarette doing damage		
Lungs (woman stepping outside to light up – ‘rotting lungs’)	1	5
Aorta (man lighting up off stove – fat squeezed out of artery)	2	10
Tumour (Maori woman lighting up outside home – tumour growing inside airway/lungs)	1	6
Brain (woman lighting up outside office building – brain and blood clots)	2	13
Can't specify (Every cigarette is doing you damage)	1	5
Call for help	0	0
Eyes	0	0
It's about whanau:		
Pita Sharples	2	13
Pauline Allan	0	0
Vaughan Jackson	0	0
Hereana Roberts	0	0
Tina Poa	2	10
Michael Poa	1	5
Gordon Hatfield	0	0
Melanie Pipi	0	0
Rhonda Kite	0	0
Meri Jacobs	0	0
Turanga and Waimaria Ruri	0	0
IAW montage	0	0
Can't specify (about whanau)	4	24
Quit Campaign – can't specify	2	10
World Smokefree Day: Let's clear the air, babies/bar workers	0	0
Paua	0	0
Smokefree sport (women's rugby)	1	5
Smokefree/Auahi Kore	1	5
Why start – encourage not smoke	1	6
Nicotine replacement therapy (NRT)	0	0
Herbal/naturopathic alternatives	0	0
Zyban	0	0
Cigarette packet warnings	0	0
Posters/Leaflets/Stickers	1	6
Articles/Magazines	1	5
Second hand smoke	14	80
Smokefree rooms	0	0
Effects on health	0	0
Other smoking related advertisements/TVCs	7	40
Other	0	0
Can't remember/don't know	2	13
N=(number of respondents who recalled a smoking ad/TVC)	18	
Prompted recall of It's About Whanau		
Yes	11	66
No	5	29
Don't know/refused	1	5
N=	17	

Table 5: Perceptions of It's about whanau

	n	%
Have you found the advertisements thought provoking		
Very	10	61
Somewhat	6	34
Not at all	1	5
Don't know/refused	0	0
N=	17	
How believable have you found these advertisements		
Very	13	76
Somewhat	4	24
Not at all	0	0
Don't know/refused	0	0
N=	17	
Have you found the advertisements relevant		
Very	12	71
Somewhat	5	29
Not at all	0	0
Don't know/refused	0	0
N=	17	
Have the IAW TVCs made you more or less likely to quit smoking or make no difference?	n	%
More likely to quit	11	63
Less likely to quit	1	5
Make no difference	5	32
Don't know/refused	0	
N=	17	
How likely or unlikely is it that you'll be able to stop smoking permanently?	n	%
Definitely	16	67
Very likely	4	16
Quite likely	1	4
50/50	3	11
Quite unlikely	0	0
Very unlikely	0	0
Definitely not	0	0
N=	23	
Have you done anything else as a result of seeing these IAW TVCs	n	%
Yes	6	33
No	11	67
Can't remember/don't know	0	0
N=	17	

Table 6: Discussions

During the last three months (baseline)/four months (follow-up), have you talked to anyone, such as whanau, friends or workmates about your/their smoking?	n	%
Yes	16	67
No	7	33
N=	23	
What have you talked about in regards to your/their smoking?	n	%
Quitting/stopping smoking	13	81
Impact on personal health	3	18
Cutting down	3	20
Financial cost/impact	1	6
Coping strategies for quitting	2	14
Impact of smoking on whanau/whakapapa	3	18
Second hand smoke exposure	1	6
Ways to reduce second hand smoke exposure	0	0
Encourage others not to start	0	0
N=	16	
Who or what prompted the discussions you have had about smoking?	n	%
Whanau/family	6	38
Health impact on whanau/whakapapa	0	0
Non-health impacts on whanau/whakapapa	0	0
At least one of whanau reasons above	6	38
Own volition/decision	9	57
Concern of smoker about own health impact	1	8
Concern of whanau about health impact on smoker	1	6
Health impact of others smoke on whanau/family member	0	0
It's about whanau	0	0
Every cigarette is doing you damage	0	0
Friends	3	17
Work colleagues	5	33
Cost of smoking	0	0
N=	16	
Influence of TVCs in prompting the discussions about smoking in the last three/four months.	n	%
A lot	4	32
Some	7	61
None	1	7
Don't know/refused	0	0
N=	12	

Table 7: Quitline and other quit action

Aware of free 0800 service available to help people quit?	n	%
Yes	19	83
No	4	17
Don't know	0	0
N=	23	
Do you know what this 0800 service is called?		
Yes	8	46
No	0	0
Don't know	9	54
N=	17	
Have you ever called Quitline?		
Yes	2	36
No	5	64
N=	7	
Prompted recall of calling Quitline/the 0800 service		
Yes	3	18
No	13	82
Don't know/can't remember	0	0
N=	16	
How long ago did you last call the Quitline?		
Within the last week	1	16
2-3 weeks ago	1	16
1 month ago	0	0
2 months ago	1	16
3-4 months ago	0	0
Total within last 3-4 months	3	48
More than 3-4 months ago	3	53
Can't remember/don't know	0	0
N=	6	
Who or what prompted your last call to Quitline?		
Concern about own health/smoker	1	33
Own volition	1	33
Whanau/family	2	67
Health impact on others (not whanau)	0	0
Quit Campaign TVCs	1	33
Friends	0	0
Work colleagues	0	0
NRT publicity	0	0
N=	3	
Influence of TVCs in ringing Quitline on last occasion	n	%
A lot	0	0
Some	2	67
None	1	33
N=	3	
Apart from Quitline, did you do any of the following?		
Cold turkey/will power	19	84
Saw a doctor	2	10
Spoke with whanau/friends	6	24
Saw an iwi/local health worker	0	0
Hypnotherapy, acupuncture or herbal remedies eg. Nicobrevin	2	7
Other	0	0
Nothing	1	4
Don't know/refused	0	0
N=	23	

APPENDIX B: STATISTICAL DATA FOR BIVARIATE ANALYSIS

Table 1: Relationship between awareness and smoking and quitting behaviour and stages of change

	Strength of association/ significance level	Health ads/TVCs	Smoking ads/TVCs	IAW unprompted	Every cigarette unprompted	IAW prompted
Number of cigarettes smoked	Cramers V= p=	0.13* 0.0419	0.06 0.4562	0.02 0.9442	0.07 0.4035	0.10 0.2706
Ever tried to quit smoking	Cramers V= p=	0.04 0.4482	0.01 0.8152	0.10* 0.0531	0.09 0.0962	0.11 0.0778
Planning to quit next 6 months	Cramers V= p=	0.03 0.6245	0.00 0.9891	0.15** 0.0066	0.07 0.2347	0.07 0.3141
Planning to quit next 30 days	Cramers V= p=	0.11 0.1334	0.10 0.1734	0.16* 0.0337	0.15* 0.0542	0.05 0.5854
Discussed smoking last 4 months Combined	Cramers V= p=	0.12** 0.0024	0.13** 0.0012	0.01 0.7232	0.06 0.1418	0.01 0.8649
Smokers	Cramers V= p=	0.14** 0.0036	0.07 0.1452	0.01 0.7805	0.08 0.1090	0.02 0.7604
Whanau	Cramers V= p=	0.09 0.1442	0.23*** 0.0003	0.10 0.4581	0.06 0.4241	0.04 0.6312

*=p<.05 **=p<.01 ***=p<.001 Chi-square test for generalisability of sample findings to population from which sample drawn – p>.05 results may be due to sampling error. The lower ‘p’ is the less likely results are due to sampling error; p<.05 is the accepted level of generalisability for this report.

Cramers V = measure of strength of association between categorical variables (1.0=strong; 0=none)

Table 2: Relationship between perception of advertising and smoking and quitting behaviour, stage of change, discussions

	Strength of association/ significance level	IAW Thought provoking	IAW Believable	IAW Relevant	IAW make more or less likely to quit smoking
Number of cigarettes smoked	Cramers V= p=	0.09 0.2310	0.05 0.8238	0.07 0.5071	0.06 0.5614
Ever tried to quit smoking	Cramers V= p=	0.05 0.6616	0.04 0.7510	0.08 0.3056	0.14* 0.0447
How long ago last tried to quit	Cramers V= p=	0.13 0.2012	0.09 0.6310	0.09 0.4171	0.13 0.2003
Planning to quit next 6 months	Cramers V= p=	0.11 0.3106	0.13 0.1476	0.11 0.2848	0.28*** <0.0001
Planning to quit next 30 days	Cramers V= p=	0.16 0.1326	0.07 0.6641	0.10 0.4490	0.13 0.2614
Set a date to quit	Cramers V= p=	0.24 0.1457	0.17 0.1810	0.15 0.2371	0.31 0.8581
Discussed smoking last 4 months Combined sample	Cramers V= p=	0.14** 0.0037	0.15** 0.0019	0.11* 0.0353	0.33*** <0.0001
Smokers	Cramers V = p=	0.14* 0.0279	0.15* 0.0241	0.08 0.1187	0.33*** <0.0001
Whanau	Cramers V = p=	0.12 0.2079	0.14 0.1089 ⁵	0.13 0.1873	0.03 0.9142
Influence of IAW in prompting discussions ⁶ Combined	Cramers V= p=	0.38*** <0.0001	0.11 0.1968	0.25*** <0.0001	0.40*** <0.0001
Smokers	Cramers V = p=	0.38*** <0.0001	0.11 0.3837	0.25** 0.0070	0.51*** <0.0001
Whanau “very” vs “somewhat”	Cramers V = p=	0.39*** 0.0003	0.16 0.2213	0.22 0.0657	0.29* 0.0117

*=p<.05 **=p<.01 ***=p<.001 Chi-square test for generalisability of sample findings to population from which sample drawn – p>.05 results may be due to sampling error. The lower ‘p’ is the less likely results are due to sampling error: p<.05 is the accepted level of generalisability for this report.

Cramers V = measure of strength of association between categorical variables or contingency coefficient (1.0=strong; 0=none)

⁵ P=0.0457 for “very” and “somewhat” only; small numbers in “not at all” category made testing invalid.

⁶ Small numbers in “not at all” and “less likely” categories make tests across all categories invalid for whanau, smokers on all variables except “thought provoking” and combined sample for “believable” and “whether less likely to quit”.

Table 3: Influence of IAW on attempts made to quit smoking in last four months⁷

	Strength of association/ significance level	IAW Thought provoking	IAW Believable	IAW Relevant	IAW make more or less likely quit smoking
Influence ⁸	Cramers V= p=	0.41* 0.0118	0.25 0.1565	0.45** 0.0035	0.65*** <.0001

*=p<.05; **=p<.01; ***=p<.001

Table 4: Relationship between whether IAW TVCs would make a smoker more or less likely to quit, and other perceptions of TVCs

	More likely to quit	
	Cramers V	Sig. Chisq p<.05
Thought provoking	0.28	<.0001
Believable	0.17	<.0001
Relevant	0.21	<.0001

⁷ Tested for very versus somewhat; more likely versus no difference. Tests using more categories were invalid due to the positive skew of results.

⁸ Tested for very versus somewhat; more likely versus no difference. Tests using more categories were invalid due to the positive skew of results.

APPENDIX C: STATISTICAL DATA FOR GENDER AND AGE ANALYSIS

Table 1: Awareness by gender and age

		Gender	Age
Health ads/TVCs	Cramers V = p =	0.12** 0.0015	.07 0.3491
Smoking ads/TVCs	Cramers V = p =	0.09* 0.0287	0.08 0.1977
IAW unprompted	Cramers V = p =	0.02 0.6965	0.07 0.3769
Every cigarette unprompted	Cramers V = p =	0.00 0.8830	0.10 0.1240
IAW prompted	Cramers V = p =	0.12* 0.0140	0.14* 0.0324

*=p<.05; **=p<.01; ***=p<.001

Table 2: Perception of TVCs by gender and age

		Gender	Age
IAW thought provoking	Cramers V = p =	0.09 0.1183	0.06 0.7281
IAW believable	Cramers V = p =	0.08 0.1710	0.10 0.1113
IAW relevant	Cramers V = p =	0.04 0.5674	0.10 0.0767
IAW make more or less likely to quit smoking	Cramers V = p =	0.08 0.1902	0.05 0.7731

*=p<.05; **=p<.01; ***=p<.001

Table 3: Stage of Change by gender and age

		Gender	Age
Plan to quit next 6 months	Cramers V = p =	0.11* 0.0345	0.13 0.1441
Plan to quit next 30 days	Cramers V = p =	0.08 0.2987	0.13 0.3615
Set a date	Cramers V = p =	0.07 0.5522	Test not valid
Confidence to quit	Cramers V = p =	0.17 0.1656	Test not valid

*=p<.05; **=p<.01; ***=p<.001

Table 4: Quitline by gender and age

		Gender	Age
Aware of 0800 service	Cramers V = p =	0.15*** 0.0002	0.15** 0.0017
Identify 0800 service as Quitline	Cramers V = p =	0.04 0.3804	0.16** 0.0049
Ever called Quitline Unprompted	Cramers V = p =	0.10 0.0793	0.14 0.1451
Ever called Quitline Prompted	Cramers V = p =	0.07 0.1904	0.19** 0.0042
When last called Quitline	Cramers V = p =	0.07 0.1904	0.12* 0.0302

*=p<.05; **=p<.01; ***=p<.001

APPENDIX D: SMOKERS DATA

Table 1: Awareness of advertisements/TVCs by gender and age, Smokers

		Gender	Age
Health ads/TVCs	Cramers V = p =	0.13** 0.0084	0.10 0.2750
Smoking ads/TVCs	Cramers V = p =	0.13** 0.0085	0.07 0.6230
IAW unprompted	Cramers V =	0.01 0.8203	0.06 0.7003
Every cigarette unprompted	Cramers V = p =	0.05 0.3790	0.12 0.1439
IAW prompted	Cramers V = p =	0.17** 0.0053	0.19* 0.0207

*=p<.05; **=p<.01; ***=p<.001

Table 2: Perception of TVCs by gender and age, Smokers

		Gender	Age
IAW thought provoking	Cramers V = p =	0.06 0.5150	0.13* 0.0438
IAW believable	Cramers V = p =	0.09 0.2165	0.16** 0.0049
IAW relevant	Cramers V = p =	0.08 0.3591	0.09 0.4825
IAW make more or less likely to quit smoking	Cramers V = p =	0.10 0.1878	0.10 0.3215

*=p<.05; **=p<.01; ***=p<.001

Table 3: Stage of Change by gender and age, Smokers

		Gender	Age
Plan to quit next 6 months	Cramers V = p =	0.11* 0.0345	0.13 0.1141
Plan to quit next 30 days	Cramers V = p =	0.08 0.2987	0.13 0.3615
Set a date	Cramers V = p =	0.07 0.5522	Test not valid
Confidence to quit	Cramers V = p =	0.17 0.1656	Test not valid

*=p<.05; **=p<.01; ***=p<.001

Table 4: Quitline by gender and age, Smokers

		Gender	Age
Aware of 0800 service	Cramers V = p =	0.15** 0.0023	0.08 0.5037
Identify 0800 service as Quitline	Cramers V = p =	0.08 0.1225	0.11 0.2612
Ever called Quitline Unprompted	Cramers V = p =	0.13 0.0705	0.20* 0.0491
Ever called Quitline Prompted	Cramers V = p =	-0.04 0.6043	0.20* 0.0360
When last called Quitline	Cramers V = p =	0.01 0.8416	0.07 0.5289

*=p<.05; **=p<.01; ***=p<.001

APPENDIX E: WHANAU DATA

Table 1: Awareness of TVCs by age and gender, Whanau

		Gender	Age
Health ads/TVCs	Cramers V =	0.12*	0.16
	p =	0.0529	0.1126
Smoking ads/TVCs	Cramers V =	0.04	0.07
	p =	0.5583	0.7835
IAW unprompted	Cramers V =	0.03	0.13
	p =	0.6566	0.3458
Every cigarette unprompted	Cramers V =	0.08	0.06
	p =	0.2382	0.8272
IAW prompted	Cramers V =	0.06	0.06
	p =	0.4836	0.9190

*=p<.05; **=p<.01; ***=p<.001

Table 2: Perception of TVCs by Gender and Age, Whanau

		Gender	Age
IAW thought provoking	Cramers V =	0.17*	0.17*
	p =	0.0480	0.0541
IAW believable	Cramers V =	0.05	0.11
	p =	0.7429	0.5518
IAW relevant	Cramers V =	0.00	0.21**
	p =	0.9987	0.0058
IAW make more or less likely to quit smoking	Cramers V =	0.05	0.08
	p =	0.8124	0.8701

*=p<.05; **=p<.01; ***=p<.001

Table 3: Quitline by Gender and Age, Whanau

		Gender	Age
Aware of 0800 service	Cramers V =	0.19**	0.14
	p =	0.0030	0.1866
Identify 0800 service as Quitline	Cramers V =	0.02	0.19
	p =	0.8092	0.1046
Ever called Quitline Unprompted	Cramers V =	0.02	0.20
	p =	0.8681	0.3274
Ever called Quitline Prompted	Cramers V =	0.24**	0.05
	p =	0.0019	0.9348
When last called Quitline	Cramers V =	0.01	0.11
	p =	0.8247	0.3660

*=p<.05; **=p<.01; ***=p<.001

5. SURVEY QUESTIONNAIRE

ME MUTU SECOND FOLLOW-UP SURVEY (4 MONTHS)

MAORI SMOKERS AND WHANAU

INTRODUCTION

Kia ora, my name is.....from Massey University. We are conducting a study today about an important health issue affecting us all -smoking. The study will take about 12-15 minutes.

If you like I can give you a phone number here at the University to call and confirm the study – would you like that number?

If needed : The number is 09 443 9700 ext 41331

Could I please speak with the person in the household who is 18 years or older and who has the next birthday.

If needed: The study is being conducted for The Quit Group and the Ministry of Health.

If needed: The study will help to develop Maori health programmes run by these organisations.

If ineligible, thank and close

Re-introduce if necessary

If not available, arrange a call back

If refused, thank and close.

Eligibility check

Q1 Can I first just check whether you currently smoke ready made or roll your own cigarettes:

Read out. Single response

1. Daily (ie. one or more per day) *Skip to Q2e*
2. At least weekly *Skip to Q2e*
3. Less often than weekly
4. Not at all

Q2 Have you ever smoked ready made or roll your own cigarettes at least on a weekly basis?

1. Yes
2. No *Skip to Q2b*
8. *(Don't read)* Don't know

Q2a How long ago did you quit smoking?

Do not read out. Single response

1. Within the last two weeks *Skip to Q2e*
2. In the last month *Skip to Q2e*
3. In the last four months *Skip to Q2e*
4. In the last six months
5. In the last year
6. Over one year ago
8. *(Don't read)* Don't know
9. *(Don't read)* Refused

Q2b *(If 'less often than weekly' or 'not at all')* And does anyone close to you currently smoke ready made or roll your own cigarettes at least on a weekly basis or has quit smoking in the last four months?

1. Yes
2. No *Thank and close*
8. *(Don't read)* Don't know *Thank and close*

Q2c And what ethnic group or groups does this person identify with?

1. NZ European
2. Maori
3. Samoan
4. Cook Island Maori
5. Tongan
6. Niuean
7. Chinese
8. Indian
9. Other (eg. Dutch, Japanese, Tokelauan – Please state)
10. *(Don't read)* Refused/Don't know

2d We are wanting to talk to people who are close to Maori who smoke at least on a weekly basis or have quit smoking in the last 4 months. Are you close to any Maori that smoke ready made or roll your own at least weekly, or have quit in that time?

1. Yes
2. No

Thank and close

Q2e And can I check which ethnic group you belong to?

Do not read out. Multiple response. Probe: Do you belong to any other ethnic group?

1. NZ European
2. Maori
3. Samoan
4. Cook Island Maori
5. Tongan
6. Niuean
7. Chinese
8. Indian
9. Other (eg. Dutch, Japanese, Tokelauan – Please state)
98. *(Don't read)* Refused/Don't know

AGE

Q2f And which of the following age groups do you fall into?

Read out. Single response

1. 18-24
2. 25-29
3. 30-34
4. 35-39
5. 40-44
6. 45-49
7. 50-54
8. 55-59
9. 60+
99. *(Don't read)* Refused/Don't know

Close for 'less often than weekly' and 'not at all' (when whanau quota full). Thank you for your help. Unfortunately we are wanting to talk to people who smoke at least weekly and I do not need to ask you any more questions. Thank you again and good night.

Close if 'smoking non-Maori' and 'not whanau of a Maori smoker'.

Thank you for your help. Unfortunately are wanting to talk to people who smoke at least weekly or are close to Maori smokers and I don't need to ask you any more questions.

Close if 2d is no 'not whanau of a Maori smoker'.

Thank you for your help. Unfortunately we are wanting to talk to people who are close to Maori smokers and I don't need to ask you any more questions. Thank you again.

[If needed: The aim of this study is to help develop Maori focused health programmes].

The rest of the interview will take approximately 15 minutes, however depending on your response, it may take a little longer. All information provided will be confidential.

CAMPAIGN HEALTH AD AWARENESS

Q3 First of all, during the past three months, have you seen, heard or read any advertisement encouraging people to improve their own health and/or the health of others?

1. Yes
2. No *Skip to Q4 if smoker, Q4a if 4 mth quit, Q8 if whanau*
8. *(Don't read)* Don't know *Skip to Q4 if smoker, Q4a if 4 mth quit, Q8 if whanau*
9. *(Don't read)* Refused *Skip to Q4 if smoker, Q4a if 4 mth quit, Q8 if whanau*

Q3a What was this advertisement? *Do not read out, Multiple Response, Probe for up to 3 advertisements: Have you seen, heard or read any other advertisements?*

1. "Every cigarette is doing you damage"
2. "Quitline"
3. "It's about whanau"
4. Smokefree
5. Auahi kore
6. World Smokefree Day TVC (babies or bar workers)
7. Second-hand smoke
8. Paua campaign (aimed at Maori - associates smokefree with a paua shell)
9. Smokefree Sport (women's rugby theme)
10. Why start? –encouraging teens, pregnant woman and Maori not to smoke
11. Government NRT scheme advertising/publicity
12. NRT therapies (e.g. nicotine patches, gum, sprays)
13. Herbal/naturopathic nicotine alternatives (e.g. Nicobrevin – Break the chain)
14. Zyban
15. Obesity (e.g. Xenical, Reductil)
16. Road transport advertisements
17. Alcohol moderation – avoid alcohol
18. Encouraging sport/recreation participation (e.g. Push Play)
19. Breast screening/Mammograms
20. Cervical Screening/Pap Smear
21. Viagra
22. ACC "Thinksafe" (slips, trips and falls)
23. Heart Attack Week
24. Asthma/inhalers
25. Family health diary with Jude Dobson
26. Mental health "Like Minds, Like Mine"
27. Other exercise related
28. Nutrition related
29. Health warnings on cigarette packs
30. Other smoking related ads
97. Other *(Please specify)*
98. *(Don't read)* Can't remember/Don't know
99. *(Don't read)* Refused

Skip to Q4a if 3 month quit

Skip to Q8 if whanau

SMOKING STATUS

Q4 I would now like to ask you some questions about smoking. How many cigarettes do you smoke in an average day?

Do not read out. Single response

1. 1 – 10 *skip to Q5*
2. 11 – 20 *skip to Q5*
3. 21 – 30 *skip to Q5*
4. 31 or more *skip to Q5*
8. *(Don't read)* Don't know *skip to Q5*
9. *(Don't read)* Refused *skip to Q5*

Q4a I would now like to ask you some questions about your smoking before you quit. Before you quit smoking about how many cigarettes did you smoke in an average day?

Do not read out. Single response

1. Less than 1 a day
2. 1 – 10
3. 11 – 20
4. 21 – 30
5. 31 or more
8. *(Don't read)* Don't know
9. *(Don't read)* Refused

Skip to Q5c

Q5 Have you ever tried to quit smoking?

1. Yes
2. No
8. *(Don't read)* Don't know
9. *(Don't read)* Refused

Skip to Q6

Skip to Q6

Skip to Q6

Q5a How long ago did you last try to quit smoking?

Do not read out. Single response

1. Within the last two weeks
2. In the last month
3. In the last four months
4. In the last six months
5. In the last year
6. Over one year ago
8. *(Don't read)* Don't know
9. *(Don't read)* Refused

Skip to Q6

Skip to Q6

Skip to Q6

Skip to Q6

Skip to Q6

Q5b *If have attempted to quit in last 4 months:* Who or what prompted you to try to quit? **Do not read out. Multiple response. Probe: Was there anything else?**

1. Own volition/decision
2. "Every cigarette is doing you damage"
3. "Quitline"
4. "It's about whanau"
5. Other non-smoking advertisements
6. Whanau/family
7. Friends
8. Work colleagues
9. Doctor
10. Other health professionals
11. NRT publicity
12. Concern about health impact
13. Health impact of smoking on whanau/whakapapa
14. Other impacts of smoking on whanau/whakapapa *(Please specify)*
15. Health impact of smoking on others (not whanau)
16. Feeling urgent about the need to quit
17. More confident in ability to quit
18. See gains in quitting
19. The cost of smoking
20. Nothing in particular
21. Other *(Please specify)*
20. *(Don't read)* Can't remember/don't know

Skip to Q6

Q5c *If have quit in last 4 months:* Who or what prompted you to quit in the last four months?
Do not read out. Multiple response. Probe: Was there anything else?

1. Own volition/decision
2. "Every cigarette is doing you damage"
3. "Quitline"
4. "It's about whanau"
5. Other non-smoking advertisements
6. Whanau/family
7. Friends
8. Work colleagues
9. Doctor
10. Other health professionals
11. NRT publicity
12. Concern about health impact
13. Health impact of smoking on whanau/whakapapa
14. Other impacts of smoking on whanau/whakapapa (*Please specify*)
15. Health impact of smoking on others (not whanau)
16. Feeling urgent about the need to quit
17. More confident in ability to quit
18. See gains in quitting
19. The cost of smoking
20. Nothing in particular
21. Other (*Please specify*)
20. (*Don't read*) Can't remember/don't know

Skip to Q7

STAGE OF CHANGE/PERSONAL AGENCY/URGENCY TO QUIT

Q6 Are you seriously considering quitting smoking cigarettes in the next six months?

1. Yes
2. No *Skip to Q8*
8. (*Don't read*) Don't know *Skip to Q8*
9. (*Don't read*) Refused *Skip to Q8*

(If Yes) Who or what prompted you to consider this?

Do not read out. Multiple response. Probe: Was there anything else?

1. Own volition/decision
2. "Every cigarette is doing you damage"
3. "Quitline"
4. "It's about whanau"
5. Other non-smoking advertisements
6. Whanau/family
7. Friends
8. Work colleagues
9. Doctor
10. Other health professionals
11. NRT publicity
12. Concern about health impact
13. Health impact of smoking on whanau/whakapapa
14. Other impacts of smoking on whanau/whakapapa (*Please specify*)
15. Health impact of smoking on others (not whanau)
16. Feeling urgent about the need to quit
17. More confident in ability to quit
18. See gains in quitting
19. The cost of smoking
20. Nothing in particular
21. Other (*Please specify*)
22. (*Don't read*) Can't remember/don't know

Q6a Are you planning to quit smoking cigarettes in the next 30 days?

1. Yes
2. No *Skip to Q7*
8. (*Don't read*) Don't know *Skip to Q7*
9. (*Don't read*) Refused *Skip to Q7*

Q6b Have you set a date when you plan to quit smoking cigarettes?

1. Yes
2. No *Skip to Q7*
8. (*Don't read*) Don't know *Skip to Q7*
9. (*Don't read*) Refused *Skip to Q7*

Q6c How many days from now is your quit date?

1. Insert number of days
8. (*Don't read*) Don't know
9. (*Don't read*) Refused

CONFIDENCE TO QUIT

Q7 How likely or unlikely is it that you'll be able to stop smoking permanently?

(*If likely*): Would you say: Definitely, Very likely, Quite likely, or 50/50

(*If unlikely*) Would you say: 50/50, Quite unlikely, Very unlikely, Definitely not

1. Definitely
2. Very likely
3. Quite likely
4. 50/50
5. Quite unlikely
6. Very unlikely
7. Definitely not
8. (*Don't read*) Don't know

DISCUSSION OF SMOKING/QUITTING

Q8 During the last four months, have you talked to anyone, such as whanau, friends or workmates about [*your/their*] smoking?

1. Yes
2. No *Skip to Q9*
8. (*Don't read*) Don't know *Skip to Q9*

Q8a What have you talked about in regards to [*your/their*] smoking?

Do not read out. Multiple response. Probe: Have you talked about anything else to do with [*your/their*] smoking?

1. quitting/stopping smoking
2. cutting down
3. changing types of cigarettes
4. impact of smoking on personal health
5. impact on fitness/ability to play sport
6. second hand smoke exposure to others
7. ways to reduce second hand smoke exposure
8. financial cost/impact of smoking
9. NRT initiative
10. quitting coping strategies
11. encouraging others not to start
12. impact of smoking on whanau/whakapapa
13. Other (*Please specify*)
98. (*Don't read*) Can't remember/don't know

Q8b Who or what prompted the discussions you have had about smoking?

Do not read out. Multiple response. Probe: Was there anything else?

1. Own volition/decision
2. "Every cigarette is doing you damage"
3. "Quitline"
4. "It's about whanau"
5. Other non-smoking advertisements
6. Whanau/family
7. Friends
8. Work colleagues
9. Doctor
10. Other health professionals
11. NRT publicity
12. Concern by whanau member about health impacts, on the smoker
13. Health impact of others smoking, on whanau member
14. Concern about own health impacts, on the smoker
15. Health impact of smoking on whanau/whakapapa
16. Other impacts of smoking on whanau/whakapapa (*please specify*)
17. Health impact of smoking on others (not whanau)
18. Feeling urgent about the need to quit
19. More confident in ability to quit
20. See gains in quitting
21. The cost of smoking
22. Nothing in particular
22. Other (*please specify*)
23. (*Don't read*) Can't remember/Don't know

OUTLINE AND OTHER QUIT ACTION

Q9 Are you aware of a free 0800 number service available to help people quit smoking?

1. Yes
2. No *Skip to Q9c*
8. (*Don't read*) Don't know *Skip to Q9c*

Q9a Do you know what this service is called? (*If necessary*): What is it called?

1. Yes - Quitline
2. Yes – Other (*Please specify*) *Skip to Q9c*
3. No *Skip to Q9c*
8. (*Don't read*) Don't know *Skip to Q9c*

Q9b Have you ever called the Quitline?

1. Yes *Skip to Q9d*
2. No *Skip to Q10 if smoker/Q11 if not*
8. (*Don't read*) Don't know *Skip to Q10 if smoker/Q11 if not*

Q9c Quitline is a free 0800 number service available to help people quit smoking. Have you ever called the Quitline?

1. Yes
2. No *Skip to Q10 if smoker/Q11 if not*
99. (*Don't read*) Can't remember/Don't know *Skip to Q10 if smoker/Q11 if not*

Q9d And how long ago did you last call the Quitline.

Do not read out. Single response.

1. Within the last week
2. 2-3 weeks ago
3. 1 month ago
4. 2 months ago
5. 3-4 months ago
6. More than 4 months ago *Skip to Q11*
99. (*Don't read*) Can't remember/Don't know

Q9e (If called within 4 months) And who or what prompted you to call the Quitline on the last occasion you called?

Do not read out. Multiple response. Probe: Was there anything else?

1. Own volition/decision
2. "Every cigarette is doing you damage"
3. "Quitline"
4. "It's about whanau"
5. Other non-smoking advertisements
6. Whanau/family
7. Friends
8. Work colleagues
9. Doctor
10. Other health professionals
11. NRT publicity
12. Concern by whanau member about health impacts, on the smoker
13. Health impact of others smoking, on whanau member
14. Concern about own health impacts, on the smoker
15. Health impact of smoking on whanau/whakapapa
16. Other impacts of smoking on whanau/whakapapa (*Please specify*)
17. Health impact of smoking on others (not whanau)
18. Feeling urgent about the need to quit
19. More confident in ability to quit
20. See gains in quitting
21. The cost of smoking
22. Nothing in particular
23. Other (*Please specify*)
99. (*Don't read*) Can't remember/Don't know

Q9f

(If 1,2,3, for Q2a or Q5a (Quit or attempted in last 4 months)),

(If yes to Q9b or 9c – Apart from ringing the Quitline...) Did you do any of the following to help you with stopping smoking?

Read, multiple response

1. Cold turkey/will power
2. Saw a doctor
3. Spoke with Whanau/friends
4. Saw an iwi/local health worker
5. Used hypnotherapy, acupuncture or herbal remedies such as Nicobrevin
6. Anything else? (*Please specify*)
7. No, nothing
8. (*Don't read*) Don't know
9. (*Don't read*) Refused

Q9g

(if 1 for Q6 (intending to quit in next 6 months))

Which of the following do you think you will do to help with stopping smoking?

Read, multiple response

1. Cold turkey/will power
2. Ring the Quitline
3. See a doctor
4. Speak with Whanau/friends
5. See an iwi/local health worker
6. Use hypnotherapy, acupuncture or herbal remedies such as Nicobrevin
7. Anything else? (*Please specify*)
8. Nothing
9. (*Don't read*) Don't know
10. (*Don't read*) Refused

RECALL OF SMOKING ADS

Q11 During the past four months, have you seen, heard or read any advertisement about smoking, quitting smoking, second hand smoke or being a non smoker?

1. Yes
2. No
8. (*Don't read*) Don't know

Skip to Q12

Skip to Q12

Q11a What was this advertisement?

Do not read. Multiple response, Probe for up to 3: Have you seen, heard, or read any other advertisements?

1. Lady leaving the house to smoke/rotting lungs ('Every cigarette is doing you damage')
2. Man lighting cigarette from stove – blocked aorta/artery ('Every cigarette is doing you damage')
3. Brain and blood clot ('Every cigarette is doing you damage')
4. Maori woman smoking in backyard by clothesline – tumour ('Every cigarette is doing you damage')
5. Man smoking in his car in the car park – eye damage ('Every cigarette is doing you damage')
6. Can't specify ad ('Every cigarette is doing you damage')
7. Ringing the Quitline
8. Pita Sharples (It's about whanau')
9. Pauline Allan (It's about whanau')
10. Vaughan Jackson (It's about whanau')
11. Hereana Roberts (It's about whanau')
12. Tina Poa (It's about whanau')
13. Michael Poa (It's about whanau')
14. Gordon Hatfield (It's about whanau')
15. Melanie Pipi (It's about whanau')
16. Rhonda Kite (It's about whanau')
17. Meri Jacobs (It's about whanau')
18. Turanga Ruri and Waimaria Ruri (It's about whanau)
19. It's about Whanau montage
20. Can't specify ad (It's about whanau)
21. Quit Campaign - can't specify ad (all TVCs)
22. World Smokefree Day TVCs (babies or bar workers)
23. Second hand smoke (babies or bar workers)
24. Paua campaign (aimed at Maori- associated smokefree with a paua shell)
25. Smokefree sport (women's rugby theme)
26. Smokefree/Auahi kore
27. Why start –encouraging teens, pregnant women and Maori not to smoke
28. Nicotine replacement therapy (NRT)
29. Herbal/naturopathic nicotine alternatives (e.g. Nicobrevin – Break the chain)
30. Zyban
31. Cigarette packet warnings
32. Posters/Leaflets/Stickers
33. Articles/Magazines
34. Other smoking related ads
35. Other (*Please specify*)
98. (*Don't read*) Can't remember/Don't know
99. (*Don't read*) Refused

(If no Quit Campaign advertisements recalled at either Q3a or Q11a)

Recently there have been a series of advertisements that feature ex-smokers and whanau/family of ex-smokers talking about the effect smoking has had on their lives and about quitting. Most of these people are Maori. At the end of these ads a telephone number appears as well as the campaign slogan "It's about whanau".

Q12 Have you seen, read or heard any of these advertisements?

1. Yes
2. No

8. *(Don't read)* Don't know

Skip to Q24

Skip to Q24

(If Quit Campaign 'It's about whanau' Ads Recalled at either Q3a or Q11a)

You recalled some advertisements earlier, which are part of the 'It's about whanau' campaign.

(If 'It's about whanau' campaign ads not previously recalled as a prompt by those either discussing smoking, ringing Quitline or making a Quit attempt)

Q13 Thinking about these advertisements, how much of an influence did they play in prompting...

...the discussions you have had in the last four months about smoking?

...your decision to ring the Quitline on the last occasion you rang?

...the attempts you have made to quit smoking in the last four months?

Would you say, a lot of influence, some influence or no influence?

1. A lot of influence
2. Some influence

3. No influence

8. *(Don't read)* Don't know

Q13a *[Have you done anything else] [Have you done anything]* as a result of seeing these advertisements?

Multiple response. Probe: Any else?

1. Record action verbatim

2. No action

8. *(Don't read)* Can't remember/don't know

Q14 And have you found these "It's about whanau" ads

1. Very thought provoking

2. Somewhat thought provoking

3. Not at all thought provoking

8. *(Don't read)* Don't know

9. *(Don't read)* Refused

Q15 And, have you found these advertisements...

1. Very believable

2. Somewhat believable

3. Not at all believable

8. *(Don't read)* Don't know

9. *(Don't read)* Refused

Q16 And, have you found these advertisements...

1. Very relevant to you

2. Somewhat relevant to you

3. Not at all relevant to you

8. *(Don't read)* Don't know

9. *(Don't read)* Refused

Q17 And thinking again about these advertisements, do you think they *[have made you] [would make smokers]* more or less likely to quit smoking or *[made] [make]* no difference?

1. More likely to quit

2. Less likely to quit (*skip to Q 17b*)

3. Make/Made no difference (*skip to Q 17c*)

8. *(Don't read)* Don't know (*skip to Q 24*)

Q17a For what reasons do you say this?

Don't read. Multiple response. Probe: Are there any other reasons?
(If more likely)

1. Want to avoid health impacts shown
2. Shows health impact/consequences
3. Graphic contents/scared
4. Thinking about quitting/would like to give up
5. Cost of smoking
6. Advertisements have increased family pressure to quit
7. See ad regularly
8. NRT subsidy is appealing
9. Repetition of advertisements prompts quitting thoughts
10. Quitting for the whanau
11. Reinforce that smoking is bad
12. Other (*Please specify*)
98. (*Don't Read*) Don't know

Q17b For what reasons do you say this?

Don't read. Multiple response. Probe: Are there any other reasons?

1. Not ready to quit
2. Quitting is an individual/personal process
3. Advertisements doesn't motivate quitting thoughts
4. Environment/time not conducive to quitting
5. Quitting will have financial costs
6. Advertisements are too pushy/too in your face
7. Other (*Please specify*)
98. (*Don't Read*) Don't know

Q17c For what reasons do you say this?

(If make no difference)

1. Record response verbatim
98. (*Don't Read*) Don't know

DEMOGRAPHICS

To ensure we have a wide cross-section of people in the survey I have 2 final questions about you and your household. The information you provide is confidential.

Q24 At present are you

(*Read out. Single response*)

1. Self-employed
2. Full time salary or wage earner
3. Part time salary or wage earner (less than 30 hrs/week)
4. Retired
5. Full time home maker
6. Student
7. Unemployed
8. Other beneficiary
97. Other (*Please specify*)
98. (*Don't read*) Don't know
99. (*Don't read*) Refused

Q25 And, would your total combined household income before tax be between:

Read out. Single response

1. \$0 - \$10,000 (\$0 – \$190 weekly)
2. \$10,000 \$25,000 (\$190 – \$480 weekly)
3. \$25,000 \$35,000 (\$480 – \$675 weekly)
4. \$35,000 \$50,000 (\$675 – \$960 weekly)
5. \$50,000 \$80,000 (\$960 – \$1538 weekly)
6. \$80,000+ (over \$1538 weekly)
8. **(Don't read)** Don't know
9. **(Don't read)** Refused

Thank you for your time. My name again is from Massey University. If you have any questions regarding this survey, you can contact the University on 09 443 41353 Thank you again for your time. Goodbye.

If needed:The Quitline number is 0800 778 778. The public health organisations supporting this study are The Quit Group and the Ministry of Health.

Code:

1. Male
2. Female