

## The Role of Anti-Smoking Campaign In Attempting To Quit Smoking

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### ABSTRACT

In the study, the role of the “Smoke-free Air Space” campaign (advertisements, hotlines, the ban on smoking in enclosed spaces, polyclinics for quitting smoking, etc.) conducted by the Ministry of Health in quitting smoking was questioned. In the idea of terminating cigarette smoking, which has significant adverse effects on individual and social health, knowing which factors are effective to what extent will contribute to solving this problem. The purpose of this study is to reveal the factors effective in the attempt to quit smoking and to question the effectiveness of the Smoke-free Air Space Campaign, conducted by the Ministry of Health, on these attempts made by the patients to quit smoking.

The method used in the study is cross-sectional research; in the study in which the data were collected through survey method, the exposure of the patients (206 patients) that visited the centers of having cigarette smoking quit, which operate within Family Medicine of Medical Faculty Hospital at the Selcuk University, to the campaign against smoking, their level of recollection, their attitudes, and the role of campaign factors in their attempts to quit smoking were questioned.

The rate of the participants that recalled the Smoke-free Air Space Campaign was high. They were exposed to the campaign ads most through television. The participants expressed their negative feelings about smoking when asked what they thought about smoking. They said that smoking is dangerous for health and stated that some external factors such as family, friends etc. are effective in smoking.

Two factors were found to have been effective in the attempts to quit smoking; these are “the campaign factor” and “the environment-health factor”. The campaign factor, which was found to have been the more effective one, covers such factors as ads, TV programs, the prohibition of smoking in enclosed spaces, the efforts in cigarette-quitting clinics as a whole.

**Keywords:** Anti-smoking campaign, advertising, health communication

**The type of study:** Research

## Sigara Bırakma Girişiminde Sigara Karşıtı Kampanyanın Rolü

### ÖZET

Bu çalışmada, sigara içen ve sigara bırakma girişiminde bulunarak Selçuk Üniversitesi Selçuklu Tıp Fakültesi Hastanesi Aile Hekimliği bünyesinde faaliyet gösteren sigara bırakma polikliniğine başvuran kişilerin bu girişimlerinde T.C. Sağlık Bakanlığı tarafından yürütülen ‘Dumansız Hava Sahası’ kampanyasının (kampanya kapsamındaki sigara karşıtı çeşitli reklamlar, kapalı alanlarda sigara içme yasağı, sigara bıraktırma polikliniklerinin çalışmaları vb.) rolü sorgulanmıştır. İnsan ve toplum sağlığı üzerinde önemli düzeyde olumsuz etkileri bulunan sigara içiciliğinin sonlandırılması düşüncesinde hangi faktörlerin ne düzeyde etkili olduğunun bilinmesinin bu sorunun çözümüne katkı sağlayacağı düşüncesi bu çalışmanın hareket noktasını oluşturmaktadır. Bu çalışmanın amacı, sigara bırakma girişiminde bulunan kişilerin bu girişimlerinde T.C. Sağlık Bakanlığı tarafından yürütülen Dumansız Hava Sahası kampanyasının etkinliğini sorgulamak ve sigara bırakma girişiminde etkili olan faktörlerin neler olduğunu ortaya koymaktır.

Çalışmanın yöntemi kesitsel araştırma yöntemidir. Anket tekniğiyle verilerin toplandığı çalışmada Selçuk Üniversitesi Selçuklu Tıp Fakültesi Hastanesi Aile Hekimliği bünyesinde faaliyet gösteren sigara bıraktırma merkezine gelen hastaların (206 hasta) sigara karşıtı kampanyayı hatırlama düzeyleri, sigara içme davranışına yönelik tutumları ve sigara bırakma girişimlerinde rol oynayan kampanya faktörlerinin etkinliği sorgulanmıştır.

Çalışmada elde edilen bulgulara göre, Dumansız Hava Sahası kampanyasının katılımcılar tarafından hatırlanma düzeyinin yüksek olduğu sonucuna ulaşılmıştır. Katılımcılar, kampanyanın reklam mesajlarına en fazla hangi mecrada maruz kaldığı sorulduğunda çoğunlukla televizyon mecrasında maruz kaldıklarını belirtmişlerdir. Katılımcıların sigara içme davranışına yönelik ifadelerinin olumsuz olduğu görülmüştür. Katılımcılar, sigara içmenin sağlığa zararlı olduğunu düşünmekte ve sigara içme davranışlarında aile, arkadaş vb. çevresel faktörlerin etkili olduğunu belirtmektedir.

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Çalışmada sigara bırakma girişiminde bulunarak Selçuk Üniversitesi Selçuklu Tıp Fakültesi Hastanesi Sigara Bırakturma Polikliniği'ne başvuran hastaların sigara bırakma girişimlerinde iki faktörün etkili olduğu tesbit edilmiştir. Bu faktörler: "kampanya faktörü" ve "çevre - sağlık faktörü"dür. Katılımcıların sigara bırakma girişimlerinde en etkili faktör olduğu ortaya konulan kampanya faktörü reklamlar, televizyon programları, kapalı alanlarda sigara içme yasağı ve sigara bırakturma polikliniğinin çalışmaları gibi bütünsel uygulamaları içermektedir.

**Anahtar Sözcükler:** Sigara karşıtı kampanya, reklamcılık, sağlık iletişimi

**Çalışmanın Türü:** Araştırma

## 1. Literature Review

Smoking cigarette is shown to be one of the greatest social health problems by medical sciences and communities (Hughes et al., 1991). In the world, half of those who started to smoke regularly and kept smoking lost their lives due to smoking (Peto et al., 1994). Smoking can lead to the termination of human life in several ways. It is marked that smoking cigarette is responsible for 24 % of the deaths in males and 7 % of the deaths in females in almost all of the developed countries (Pery, 1999). In countries in which cigarette is smoked widely, almost half of the deaths from coronary heart disease and serobrovascular diseases before the age of 65, 85-90 % of deaths from lung cancer, nearly 80 % of chronic obstructive lung disease result from smoking cigarette (DHSS, 1992). Cigarette, with the nicotine in it, a substance that can lead to addiction in a short time, is a harmful item that can bring with it an economic burden to those who smoke, affecting the organisms negatively with the harmful substances it contains, and causing harm to the health of those that smoke. Because of the ease with which it is obtained in every part of the world, the number of smokers and the rate of smoking are rising day by day. This rise is more rapid especially among youngsters in developing countries (Barut, 1992). Among the reasons for starting to smoke are such factors as various marketing techniques of cigarette companies and their methods of advertising (Maassen et al., 2004), stress (Bonaguro and Bonaguro, 1987; Byrne et al., 1995; Mates and Gordon, 1992) and peer pressure (Biglan et al., 1995; Botvin et al., 1992). It has been determined especially in the surveys conducted among youngsters in the period of adolescence that socio-cultural structure, advertisements, curiosity, psychological mood, genetic components and gender have had an effect on the behavior of stating to smoke (Choi et al., 1997; Hurt et al., 2000). The fact that the father or the mother or the sibling or a close friend or the teacher smokes cigarette is noted to be an effective factor in starting to smoke (Rajamaki et al., 2002). The first step of the young individual to smoking as a way to declare his/her independence continues in the form of addiction to tobacco as the years pass. 85 % of the smokers start smoking at young ages, and physical-psychological addiction to cigarette develops more rapidly under the age of 20 (Hu et al., 1998; Myers, 1999).

In the world and in Turkey, because of the rapid increase in smoking cigarette, cigarette addiction, which causes a huge number of medical, social, economic and legal problems, stands before us as a great health problem reaching to threatening extents (Hodgetts et al., 2004; Tezcan and Yardım, 2003). Using tobacco is the primary reason for preventable deaths. According to WHO data, today it causes the death of more than 5 million people every year, and every 13 second, one person loses his/her life due to smoking cigarette. It is predicted that this number will rise rapidly unless necessary measures are taken. It is estimated that this number will rise to more than 8 million in 2030. The number of deaths caused by cigarette is five times higher than those caused by such causes as traffic accidents, terror and accidents on the job. For this reason, WHO has declared that the biggest health problem in the world is cigarette (Altman et al., 1999; Myers, 1999; Rajamaki et al., 2002; Schultz, 2003 WHO, 2008). In the fight against cigarette, medical staff and authorities have great responsibilities to fulfill. It is a necessity to develop tobacco control programs and cigarette-preventive policies, which aim at participation from all segments of the society (Melani et al., 2000).

The frequency of using tobacco is depressingly high in Turkey; 16 million adults smoke cigarettes, and 100.000 people lose their lives every year due to a disease related to using tobacco. Turkey is one of the countries with the highest rate among the countries of WHO European Region in the frequency of using cigarette among male adults and one in which using tobacco is among the principal causes of death. Only 7 % of the adults in Turkey have seen the advertising activities of tobacco industry. This rate is among the lowest rates in the world, but serious punishments are nevertheless in effect to reduce the rate of smokers. Concerning the negative effects of cigarette on the health of humans and the society, an Act was

introduced in 1996 by the Ministry of Health for control of tobacco; it was approved by the World Health Organization in 2004, and after its extent was enlarged in 2008, all enclosed spaces, including entertainment facilities, were turned into spaces “free from cigarette smoke”. Turkey has thus become one of the three countries that have made all enclosed spaces that are open to the public 100 % smoke-free in WHO European Region. These countries are Turkey, England and Ireland (KYTA, 2010). In an attempt to raise the social awareness as regards this act and its implementation and to ensure a nationwide obedience to and acceptance of the act, a “smokeless air space” campaign was launched in 2008 throughout the country by the Ministry of Health with the theme of “conserve your air”. During the campaign in which the strategy was to arouse a desire in Turkey for a smokeless way of living, public spotlights on television, radio advertisements, banners, open-air advertisements and brochures were used as means of communication. At the same time, in several hospitals throughout the country, clinics for quitting smoking were set up, and in this way the individuals that were smokers were meant to be encouraged in their attempts and also treated ([www.havanikoru.org.tr](http://www.havanikoru.org.tr), 2013). Communicative practices of the campaign, particularly public spotlights, are still on display on media. Apart from this campaign, other organizations or institutions have their own campaigns aiming to encourage quitting smoking.

In order to effectively monitor the practices in tobacco use and its control in Turkey and to assess them, the Ministry of Health carried out Global Adult Tobacco Research (GATR) in 2008. In this research, the data were collected from individuals at the age of 15 and over with a convenient and appropriate protocol in a sample representing the whole country. The process of gathering information in the research was conducted in November, 2008, by the Institution of Statistics of Turkey, and the first results were revealed in April, 2009. According to the results of the research, 88.8 % of the adults in Turkey remarked that they had seen an anti-cigarette message in the last 30 days. Anti-cigarette messages were most seen on television (85.5 %), followed by newspapers and magazines/journals (46.3 %), billboards (36.0), and radio (23.0). Those living in towns and cities saw more anti-smoking messages on newspapers and magazines, radio and billboards. 95.1 % of those smoking manufactured cigarettes said that they had seen the warning messages on the packet of the cigarettes in the last 30 days, and almost half (46.5 %) noted that they were thinking of quitting smoking owing to these warnings. Although publicizing and advertising cigarettes had been banned since 1996, 13.3 % of the adults in Turkey replied that they had seen a kind of cigarette marketing message (an advertisement, publicity or sponsorship) in the last 30 days. Messages of advertisements (7.1 %) were seen more often compared with the messages of publicity (5.3 %) and sponsorship (3.3 %). The advertisements on television (3.4 %) and in shops (2.7 %) were more in number than on the other domains. Publicity was seen most as brand or logo on clothes (2.8 %) and in the form of cigarette offering for free (2.5 %). The rate of possessing the clothes with brand or logo on was twice as high in the age group between 15 and 24 (5.3 %) as in the age group at 25 and over (2.1 %) (KYTA, 2010).

## 2. Methods

The method of this study is cross-sectional study. The method of collecting data is survey technique. Almost 5000 patients who were registered in the Cigarette Quitting Polyclinic of Family Medicine of Medical Faculty Hospital at the Selçuk University constitute the cosmos of the study. 206 patients that were selected through purposeful sampling within this cosmos were included in the survey, depending on the purpose of the study to be conducted on the patients applying to the polyclinic. The study was conducted on patients who applied to the Cigarette Quitting Polyclinic of Family Medicine of Medical Faculty Hospital at the Selçuk University between November 2003 and March 2014. Ethical approval for the study was obtained from Medical Faculty of Selçuk University, before applying questionnaires. The only criterion for the participants to be admitted into the research was to be patients who applied to the Cigarette Quitting Center.

In order to measure the level of recollection level of Smoke-free Air Space campaign by the participants that are attempting to quit smoking, aided recall questions were formed (Aaker et al. 1992; Leigh et al., 2006: 106; Krishnan and Chakravarti 1999: 5). The scores of recall were obtained by hinting the title of the campaign (Smoke-free Air Space campaign). Several previous studies were utilized in

forming the questions directed towards the rate of cigarettes smoked and the attempt to quit smoking (Brennan et al., 2011; Davis et al., 2011; Gagne, 2008; Maassen et al., 2004). The practices of Smoke-free Air Space were used in the questions formed to measure the factors effective in quitting smoking.

The questions directed towards the cigarette consumption of the participants as well as the questions aiming to measure the factors that were effective in their attempts to quit smoking were collected by using Likert Scale with 5 (“completely agree”, “agree”, “neither agree nor disagree”, “disagree”, and “not agree at all”). Finally questions were formed to the participants to gather demographic data about them.

The data collected through the survey were put into the computer using SPSS 15.0 statistical software program, and their statistical analysis were carried out and the results obtained were reported. The definitive parameters and the required significance tests were applied in statistical analysis.

In statistical analyses, definitive parameters and the required significance tests were applied. Factor analysis was used in measuring the statements effective in the attempt to quit smoking. Besides, descriptive statistics were also given, based on frequency analysis and arithmetic mean and standard deviation. The significance level was accepted as  $p < 0.05$ .

### 3. Results

The mean age of the participants was  $35.40 \pm 11.9$  (min:16; max: 65). Regarding the gender distribution, 78.2% (n=161) were male and 21.8% (n=45) were female. Sociodemographic features of the participants can be seen in Table 1.

**Table 1.** Socio-demographic characteristics (n=206)

Characteristics	(n)	(%)
Gender		
Female	45	21.8
Male	161	78.2
Marital Status		
Single	82	39.8
Married	124	60.2
Education		
Primary school	45	21,8
Secondary school	22	10,7
Lycee	36	17,5
University	92	44,7
Post-graduate	11	5,3

**Table 2.** Daily cigarette consumption (n=206)

	n	mean	sd.
<b>Daily cigarette consumption</b>	206	22,9	11,39
(min: 3; max: 80)			

The daily cigarette consumption rate of the participants was 22.9.

**Table 3.** Distribution of the channels through which the participants became aware of the polyclinic for quitting smoking (n=206)

Channels of Information	(n)	(%)
Circle of friends	78	43,8
Family physician	30	16,9
Advice from the family	6	3,4
T.V. (news, program)	26	14,6
At the hospital	7	3,9
Hotline Alo 171	13	7,3
Campaign ads	15	8,4
Coincidence	3	1,7

The participants were asked how they became aware of the polyclinic for quitting smoking. 43.8 % of the participants were understood to be aware of this polyclinic most through their circle of friends. This was followed by advice from the family physician, with 16.9 %, by the news and programs on television, with 14,6 %, and by campaign ads, with 8.4 %.

**Table 4.** Smoke-free air space campaign-related characteristics (n=206)

	(n)	(%)
<b>Recall</b>		
Recalling	164	79,6
Not recalling	42	20,4
<b>Media</b>		
Television	166	93,3
Newspaper	4	2,2
Internet	7	3,9
Outdoor	1	0,6
<b>Campaign Line</b>		
Called	62	30,8
Didn't call	139	69,2
<b>Campaign Web Site</b>		
Used	4	2,0
Didn't use	195	98,0

The rate of the participants that recalled the Smoke-free Air Space Campaign was 79.6 %. Of the participants, 20.4 % replied that they didn't remember the campaign. The participants were exposed to Smoke-free Air Space campaign ads most through television, at the rate of 93.3 % (..were shown in table 4).

The participants remarked that they called the hotline, part of the Smoke-free Air Space Campaign, at a rate of 30.8 %. The participants stated that they used the web site [www.havanikoru.org](http://www.havanikoru.org) at a low level, 2.0 %, which was part of the communication in the Smoke-free Air Space campaign. Considering this rate, 98 % of the participants didn't visit the web site (..were shown in table 4).

**Table 5.** Exposure to smoke-free air space ads (n=206)

	n	mean	sd.
<b>Ad Exposure</b> (min: 1; max: 20)	206	7,12	3,71

The participants were exposed to Smoke-free Air Space ads by 7.12 on average.

**Table 6.** The distribution of the factors effective in starting to smoke

	Completely agree	Agree	Neither agree nor disagree	Disagree	Not agree at all
My family members smoking had a great effect on me starting to smoke	16,3	12,8	13,3	14,3	43,3
My social circle and friends had an effect on me starting to smoke	60,3	22,1	7,8	2,9	6,9
The ads and marketing activities of cigarette companies had an effect on me starting to smoke	7,8	4,9	18,1	20,1	49,0

The most effective factor leading the participants to start smoking was established to be the fact that “social circle and friends are smoking” (82,4 %). The ads by cigarette companies and their marketing activities weren't considered effective in the participants starting to smoke.

**Table 7.** The distribution of attitudes towards smoking cigarette

	Completely agree	Agree	Neither agree nor disagree	Disagree	Not agree at all
I believe smoking is a bad thing	79,2	13,9	3,0	2,0	2,0
Smoking gives pleasure	42,4	21,7	18,2	7,4	10,3
Cigarette is harmful to health	85,9	10,7	1,5	1,0	1,0
It is difficult for anyone to stop smoking once started	61,5	20,0	10,7	2,4	5,4
I believe staying away from cigarette is good	79,8	13,8	3,4	2,0	1,0

When asked about their attitudes, the participants replied that they agreed, to a large extent, with the negative statements regarding smoking. They stated that they agreed with the statement that smoking is harmful to health at a rate of 96,6 %. They also stated that they agreed with the statement “I believe staying away from smoking is good” at a rate of 93, 6 %.

**Table 8.** The distribution of the attitudes towards quitting smoking

	Completely agree	Agree	Neither agree nor disagree	Disagree	Not agree at all
I have wished to quit smoking a lot	54,6	19,9	15,8	5,6	4,1
I have long wanted to quit, but haven't made any attempts	37,3	17,6	13,7	11,8	19,6
I haven't wanted to quit smoking much	51,0	26,0	9,8	2,9	10,3

When the participants were asked about their motivation for their attempts to quit smoking, they responded that they agreed with the statement ‘I have wished to quit smoking a lot’ at a rate of 74, 5 % and with the statement ‘I haven't wanted to quit smoking much’ at a rate of 77 %.

**Table 9.** The descriptive statistics of the factors effective in the participants' attempts to quit smoking

Factors Effective in the Participants' Attempts to Quit Smoking		$\bar{X}$	SD	Factors	
	Campaign factor			1	2
1	Anti-smoking ads were effective	3,00	1,54	,798	
2	Speeches by the Prime Minister and other politicians were effective	2,36	1,48	,741	
3	Discouraging remarks and pictures on cigarette packets were effective	2,79	1,53	,727	
4	The Smoke-free Air Space campaign by the Ministry of Health was effective	2,80	1,49	,726	
5	Anti-smoking television programs were effective	2,97	1,54	,723	
6	The support by celebrities to anti-smoking campaigns was effective	2,23	1,40	,704	
7	The ban on smoking in enclosed spaces was effective	3,38	1,41	,600	
8	The efforts by the Clinic for quitting smoking were effective	3,49	1,30	,598	
9	For me to see those who got ill around due to smoking was effective	3,76	1,37	,502	
<b>Environment and health factor</b>					
10	Encouragement from close friends was effective	3,25	1,52		,886
11	Encouragement from social environment, from my friends was effective	3,16	1,48		,879
12	Encouragement from my family was effective	3,61	1,46		,500
13	Deterioration in my health and advice from the doctor were effective	3,74	1,40		,476
14	The concern that my health would deteriorate was effective	4,25	1,07		,326
<b>Eigenvalue</b>				5.6	1.6
<b>Variance explained (%)</b>				40.1	11.5
<b>Cronbach's alpha</b>		.88		.89	.71
<b>KMO Measure of S. Adequacy: .846; Barlett's Test of Sphericity: <math>\chi^2= 1048,71</math>; df=91; p=.000</b>					

With the subjection of the 14 items at Table 9 to factor analysis, we attempted to obtain the structure of the factors that affected the attempt to quit smoking. Varimax rotational table was taken into consideration in classifying and evaluating factor groups. The two factors that appeared as a result of the analysis account for 51, 6 of the total variance in the participants' attempts to quit smoking. The most important factor that participants were affected by was "Campaign Factor". This factor wasn't only interpreted as campaign ads. Such factors as the ban on smoking in enclosed spaces enforced by the Ministry of Health and polyclinic work were also included in the campaign factor. Eigenvalue of this factor, which accounts for 40, 1 % of the total variance, is 5.6, and its reliability coefficient is Cronbach's  $\alpha = .89$ . The second factor that appeared as a result of the factor analysis was "Environment and Health Factor". This factor itself accounts for 11, 5 % of the total variance. Eigenvalue of this factor is 1.6, and its reliability coefficient is Cronbach's  $\alpha = .71$ .

### Conclusion

As a conclusion, communication activities with the aim of reducing or preventing smoking, which is health factor highly affecting a person's life, are performed all over the world and they are considered important by governments. In Turkey, there have been serious efforts carried out by the Ministry of Health in this regard. In this study carried out in the province (of Konya) and the polyclinic sections in order to determine the effects of the campaign, the aim was to identify the effects of the campaign on the patients who applied to the polyclinic in an attempt to quit smoking. Efforts were made to reveal how effective the communication factors were in this attempt. According to the results of the study, the rate of the participants that recalled the Smoke-free Air Space Campaign was high. They were exposed to the campaign ads at most through television. The participants expressed their negative attitudes about smoking when asked what they thought about smoking. They said that smoking is dangerous for health and stated that some external factors such as family, friends etc. were effective in smoking.

Two factors that affected the participants in their attempts to quit smoking were revealed as a consequence of the study. These were the campaign factor and the environment-health factor. Campaign factors were found to have been more effective in the attempts to quit smoking. For the campaigns with high targets such as helping somebody to quit smoking, it is an obligation to apply integrated communication practices. These practices also include the prohibition of smoking in enclosed spaces and the work carried out in clinics for quitting smoking as well as such communication practices as ads and TV programs. These are all included in the integrity of the campaign. As also seen in the data of the study, the participants joining in the study see the campaign factor not only in the form of communication practices such as ads etc., but also as the integrity of a lot of practices. It is seen that campaign factors were fairly significant in the attempt to quit smoking within the narrow limits of sampling.

The campaign successfully served the function of reminding in the study sample. One of the interesting results of the campaign is that the website and the helpline number were used by few smokers. The participants did not prefer much to be informed through these ways, which they themselves could reach directly. According to the results of the study, the participants became aware of the health polyclinic via their social channels and they gave great importance to the social factors which are effective in their attempt to quit smoking. The case being so, the methods of from-mouth-to-mouth communication are recommended in conducting anti-smoking campaign. Another suggestion is that the efficiency of supportive informative ways such as helpline and website should be increased. It is also suggested that more research should be conducted with a wide range of socio-demographic samples in the next studies.

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