

I keep looking at what I'm doing to my organs: Samoans' responses to adapted anti-tobacco television advertisements

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Abstract

Background There has been an increase of adapted tobacco control media campaigns in low and middle countries. Adapting existing material offers many benefits especially to countries with limited resources. We adapted three television advertisements for the Tu'u Nei Loa Le Ulaula Tapa'a (Stop Smoking Now) campaign in Samoa. Adaption included rigorous efforts to ensure advertisements were culturally appropriate.

Methods To determine audiences' perception and perceived efficacy of anti-tobacco television advertisements to promote smoking cessation, we conducted eight talanoa , a Pacific Islands research methodology, among 54 smokers and non-smokers in Apia, Samoa. The talanoa were transcribed, translated and thematically coded.

Results Qualitative results suggest that the advertisements raised the awareness of the participants on the negative health impacts of tobacco use, especially to the internal organs. Graphic, and emotionally evocative advertisements, especially those that impact on the family, have greater potential to motivate Samoans to quit.

Conclusion Study findings provide preliminary evidence that adapting advertisements may offer a cost-effective strategy to reduce smoking rates for low- and middle-income countries to use existing campaigns that have been proven effective in other countries.

Background

Do tobacco control mass media campaigns improve knowledge about smoking in a Pacific context? Our research examined public responses to a tobacco control advertising campaign adapted from high-income countries for Samoa. The primary research is aligned with the Western Pacific regional Action Plan to reduce tobacco use in Pacific Island countries and territories (PICTs). Fourteen of the 22 Pacific Island Countries and Territories (PICTs) are signatories to the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) [1], which support efforts to achieve a Tobacco Free Pacific [2]. Although investment in tobacco control has increased across the Pacific region, there are still high rates of tobacco use [2]. Among the five 'best buys' for cost effective intervention, mass media campaigns that educate the public about the harms of smoking /tobacco use and second-hand smoke [3] has been proven to be one of the most effective [4, 5].

Over the past few decades, the number of tobacco control mass media campaigns implemented in low- and middle- income countries have increased. Although most of the advertisements adapted the concept based on successful anti-tobacco campaigns delivered in high-income countries, in most cases comprehensive formative research was undertaken to adapt these advertisements to the local context [6]. Adapting existing materials ranges from high-level adaptation, where the concept is retained but reproduced to suit local settings, to low-level adaptation, where only the voice-over and end-frame is changed [7]. The end-frame being the last 5-10 seconds of the video with final graphics, e.g., a logo. Potentially, such adaptations are efficient ways of using funds as it can free up financial resources for media placement [7, 8]. It is also considered an equitable approach to tobacco control, with the benefits of educational information being available to a mass audience.

A number of 'adapted' campaigns have been implemented with the assistance of Vital Strategies [9]. These campaigns have been designed to be "racially and culturally agnostic", ready for adaptation for use in any

country, especially those with limited resources [9]. Cognizant of the potential benefits of adapting anti-tobacco advertisements [10], we obtained permission to access the anti-tobacco ads hosted by Vital Strategies (formally World Lung Foundation). The objective of adapting these advertisements was to provide population wide information on the health effects of smoking, including second-hand smoking and to promote a text message-based smoking cessation programme (mCessation) in Samoa [11].

The tobacco control advertisements

The *Tu'u Nei Loa Le Ulaula Tapa'a* (Stop Smoking Now) campaign was designed to warn Samoan audiences about the dangers of tobacco use. Three 30-second television (TV) and radio advertisements were aired on national and local radio stations across Samoa throughout 2017. Two of the adapted television advertisements were based on a campaign originally developed by the New York City Department of Health and Mental Hygiene called "Cigarettes Are Eating You Alive" while the third advertisement was based on an original concept developed by the California Department of Health Services (see table 1) The advertisements used existing graphic animation from the original advertisements, interspersed with scenes dramatized by local actors and locally shot footage (see figure 1). The advertisements demonstrate the damage that occurs inside the body when someone inhales the cigarette smoke, whether it is the smoker or non-smoker inhaling second-hand smoke.

The research team worked with a communications consultant and Vital Strategies to license and produce these advertisements for use in Samoa. The research team took rigorous efforts to ensure that the adaptation of the advertisements was culturally appropriate. This included multiple consultations among stakeholders to ensure script translations were correct, video images mirrored local scenarios, voice-overs were clear and translated medical terms were accurate. Approval from the New York City Department of Health and Mental Hygiene and California Department of Health Services was obtained to adapt these advertisements through a licensing agreement. Key guidelines suggested by [Cotter, Perez \[7\]](#) in adapting mass media campaigns were considered, including conducting pre-tests, assessing budget limitations to determine the level of adaptation, ensuring copyright and intellectual property is acknowledged, and maintaining key messages of the original advertisements.

There is extensive evidence of the efficacy of mass media advertisements to support quitting and reduce smoking prevalence [4]. However, little is known on what is the most effective at generating increased knowledge and quitting behaviours among Samoan audiences. This research project aimed to determine Samoan audiences' perception and the perceived efficacy of anti-tobacco television advertisements to promote smoking cessation. The evidence generated in this study will provide vital information to inform decisions about the potential roll-out of a multi-faceted tobacco cessation initiative in Samoa with consideration for other PICTs.

Methods

The *talanoa* research methodology was utilised in this study to explore participants' views on the advertisements. *Talanoa* is a widely used Pacific Island research methodology described as 'a personal encounter where people story their issue, their realities and aspirations' [12]. The process privileges Pacific voices, and provides participants a facilitating 'space' to have an open dialogue, while developing relationships

[12]. The 'storying' was critical for understanding the factors that affected recall (the details that were recalled from viewing the advertisements in retrospect), receptivity (views about the advertisements) and potential effect on motivation to quit.

The *talanoa* were advertised via flyers and posters. The print materials contained a mobile number that participants could contact if they wanted to participate. A sign-up table was also set-up at high-people-traffic areas (university, workplaces, market) for people who wanted to know more about the study and signify interest to participate. Interested participants were contacted over the phone to confirm eligibility and go through the information sheet about the study. Eligible participants were invited to join one of eight age-and-gender-specific *talanoa*.

Eight *talanoa* were conducted with smokers and non-smokers to gain feedback on the types of messages that would be most salient to the target population. Youth groups included participants aged 16–24 years old and adult groups included those 25 years and older. Each participant received (WS\$20 or approximately USD \$7) as reimbursement for their travel expenses. Ethics approval was provided by the University of Auckland Human Participants Ethics Committee (Ref 16631) and the Samoa Ministry of Health Research Ethics Committee.

Analysis

Our local research team member (HT) facilitated the *talanoa*. Discussions were recorded and transcribed, and then translated to English by a Samoan translator. To ensure accuracy, one of the authors (HT) reviewed the transcriptions and translations. Primary analysis was conducted by EU and discussed with the team to reach inter-rater agreement on the primary themes that were dominant throughout the *talanoa*. The transcriptions were analysed to identify themes using an inductive process that included: review of the transcriptions, generating codes, identification of recurring themes and organisation of initial codes to main themes.

Results

Four main themes were derived from the *talanoa* with smokers and non-smokers. The themes reflect the participants' thoughts and perceptions after watching the three advertisements. Seeing how the internal organs are affected by smoking is a motivator to change smoking behaviour. The advertisements also highlighted the potential health risks of second-hand smoke, and seeing its effects to members of the family, especially children is perceived as a prime motivator to quit. There were also several suggestions made regarding how to help smokers quit smoking.

In total, we were able to conduct eight *talanoa* composed of 54 individuals (see table 2). The sample majority were male (28/24), younger (16–24 years) and was equally split with smokers and non-smokers; most smokers wanted to quit.

Qualitative, inductive analysis of the textual data identified the following primary (dominant) themes.

Seeing is believing

This theme emphasises the significance of visual imagery in demonstrating the effects of smoking on internal (unseen) organs. All participants reported being generally aware of the negative effects of smoking on the

body. However, for most participants, the mechanisms by which smoking damages the organs were unclear. One participant shared: *"I didn't go to school and learn about science things, but I have learnt things about smoking and how my body is affected by smoking"* (MNS5-25+). Pervasive misconceptions about the effects of chemicals constituents in cigarettes ranged from providing a pleasurable experience, that stopping smoking may cause sudden death, and smoking promotes sleeping. One participant shared that he knew many smokers who were unwell but who had never associated their poor health to their own smoking.

The graphic images that depicted the effects of inhaling tobacco smoke on internal organs were unnerving for many of the participants: *"I have no idea how deep the effect of smoking is... I didn't know that your insides are badly affected"* (FNS1-16+). There was an almost immediate understanding of the seriousness of the effects of smoking inside the body. Participants noted the use of medical terms from the advertisements (e.g., blood vessels, arteries, blood circulation) using them when describing their reaction to the advertisements. In particular, the effect of tobacco use on blood vessels, arteries and the heart were the most likely to elicit a strong, often emotive, reaction.

"It's new for me to look at the blood vessels, and now I can see how badly they are damaged because of my smoking." (MS5-25+)

However, beliefs about the effects of smoking on health presented in the advertisements were also anchored in the lived experiences of participants. Seeing family, friends, or someone from the village who has experienced health effects such as those depicted in the campaign, resulted in a stronger acceptance of the message.

"I believe it because we have this girl out back in the village who does not want to eat but only wants to smoke. Now, she has cancer all over her body and she still does not stop smoking." (FNS6-16+)

Another participant stated:

"I've seen a person with the stuff like that...and it's my uncle... His parents allowed him to smoke, cos they don't really know influences of smoking... he died when he was 38. So yeah... I don't want to die young." (FS2-16+)

In contrast, there was some uncertainty expressed that smoking increased the risk of disease when participants have friends or family who despite being smokers have not developed any diseases associated to smoking.

".. my grandma is 100 or more years old, and she started smoking when she was young so I figure, she was smoking for such a long time but she is still well and yet these ads are saying that we will be affected." (MS11-16+)

The vivid close-ups of a diseased lung, mouth, heart and vital organs elicited fear (*fefe* [scared] and *mata'u* [fearful]), among participants. For non-smokers, fear was based on the thought of what might happen if they start smoking. For smokers, fear was attached to what is already happening inside the body.

"...I never felt like this before to an ad... that it's effective like this. Because the other ones are... they are just like normal ads that's all. But these ones, these three ones...I don't know, maybe because I keep looking at my body and keep looking at what I'm doing to my organs." (FS1-16+)

Some participants also mentioned feeling angry after seeing the ads. A few smokers reported to have turned the TV off when the ads came on. One participant explained: *“as Samoans, they [smokers] do not want to be told what to do, when we are told what to do, we get angry.”* (MNS6-25+). On the other hand, non-smokers’ anger was projected towards smokers:

“We don’t smoke but if we sit near smokers... we are breathing in smoke.” (FNS2-25+)

Ads reveal the impact of second-hand smoke

The *Baby Alive* and *Heart* ads, which focused on the effects of second-hand smoke exposure resonated with participants. Graphic depictions of smoke entering the body of a bystander (in particular, a baby or young child) was especially provocative for most participants. Several participants acknowledged being unaware that inhaling second-hand smoke was damaging. One participant explained: *“I didn’t know how deeply it would affect another person’s body.”* (FNS1-16+). Some participants associated their own or others’ recent illnesses with the possible relationship to second-hand smoke.

For smokers, most of the reaction was to ‘protect’ non-smokers from inhaling the smoking coming from their cigarettes. The advertisements have made them conscious of the effects of their smoking to their friends and family. One smoker said, *“I need to think about other’s health that are being affected.”* (MS3-25+). Some felt ‘uncomfortable’, and ‘mindful of their actions’; some reported wanting to hide when they smoke.

“I would rather tell my friends to move away from me, go or I go somewhere else. Even though they wanted to accept me for who I am, I tell them to go somewhere else... second-hand smoking is worst then first-hand smoking. We have seen the effects to people who don’t smoke but breathe the air of the smokes.” (FS1-16+)

“...it’s very weird! Like I can’t sit next to a non-smoker when I’m smoking. Like in my head I’m thinking I can feel that this person right next to me is very uncomfortable. And I was like, who’s going to live first? Am I going to live or?” (FS1-16+)

However, the advertisements brought out some anti-smoker sentiments among non-smokers. Some commented that they will be more careful when around smokers—telling them to smoke somewhere else. One participant shared that when a friend smokes: *“I will tell her straight that she needs to stop smoking because her smoking is affecting my heart...”* (FNS8-16+). Several non-smokers told stories of how they tried to stop family members from smoking when children or elderly are around. This was born out of their concern for others—to protect those who cannot protect themselves from second-hand smoke.

“I know that the kids cannot tell us that they are breathing in the smoke, but as adults we need to know to stay far away from them when we smoke.” (FNS2-16+)

The advertisements also accentuated existing emotions about feeling guilty when smoking; several reported avoiding family or public places when they smoke.

“I am a smoker, but I don’t smoke near where my children are, I am patient enough to walk outside and smoke. I am like a ghost at night when I go out and have a smoke. So that is an important ad, it is an important ad.” (FNS4-25+)

Other smokers resorted to secrecy or hiding when smoking. A smoker explained: *"I smoke secretly, even my boyfriend doesn't know anything about it... (laughs) so it's more like have a smoking then brush your teeth and have about 2-3 PK [chewing gum] and you're alright."* (FS5-16+). A few smokers disclosed that their smoking has become a source of judgement and conflict at home, and within their church and community. Yet, these responses were deemed appropriate given the harm inflicted to others.

"...when I smoke, my wife chases me outside the house so it's like she is chasing me on to the road. This is because of the kids, so this ad is really important for me because now I understand that the smoking has many effects on kids, thank you for the ad." (MS4-25+)

Both smokers and non-smokers commented that the advertisements explained how smoking poses risks to the unborn baby and may help pregnant women stop smoking. Some participants felt emotional when describing how they felt seeing the harmful effects to babies and children; some stated it was inappropriate for pregnant women to smoke. However, there was also a few who said that they were not clear how smoking increases the risk of health problems for a foetus. One participant shared:

The second one where it says that babies are born with low birth weight, I didn't know that, I thought that it was because the mother didn't eat enough which is why the baby was so low in weight. Like my grandson, when he was born, his weight was quite low, the nurses would scold my daughter for not eating enough but now I also know that smoking can cause low birth weight in children too. So, this has been useful for my understanding. (FNS2-25+)

Motivations to quit

Younger smokers (16–24 years old) reported being more motivated to quit (than older adults) after watching the advertisements. Seeing how smoking affects the internal organs and knowing how in a few years the negative effects will start to manifest was alarming. Since most have only been smoking for a few years, many younger smokers believed that they could easily stop smoking, because they are 'not addicted yet' to smoking. One participant said: *"Since I just started smoking, and it made me scared I'm thinking of quitting."* (FS4-16+). On the other hand, it was a common view among participants that older smokers are already 'addicts' so it will be hard for them to quit smoking: *"the youth, that is who should be the target; the older ones are addicts now."* (MNS6-25+).

However, all participants placed onus on children as the prime motivation to quit smoking. Awareness and knowledge of the potential risks of second-hand smoke to children was deemed key to quitting.

"The approach of the ad was good too, and especially how it was talking about kids because I know for some a weak spot is their children or their small relatives. I think that if people understood this then they would probably quit." (MS4- 16)

Many smokers commented that they were 'worried' (*popole* [worry]), and 'scared' for their children, and how their smoking is affecting their health. A few smokers shared that they did not care much about themselves and were far more concerned that their smoking could be harming children and therefore making them think about quitting. As one smoker shared:

“I am worried about it now because my whole family smokes and there are kids with us when we smoke, but now I see that the kids can get sick when we smoke near them because they are breathing in the smoke that we have. So now, I will chase all the smokers down the road to save the kids.” (FS4-25+)

Some have also started attributing children’s illnesses to smoking:

“My little brother keeps getting asthma... he hangs around my older cousin who also smokes and he’s always with him. And most of the time I would hear him like crying, moaning, getting pain like he can’t breathe and every time we take him to doctor, they say it’s because of smoking and he’s getting affected, so yeah.” (FS1-16+)

Many participants perceived quitting smoking as beneficial to children, not only to minimise exposure to risks but also to improve overall health and well-being of children. Being able to provide for children’s (and the family’s) needs paramount and are believed should take precedence over spending on tobacco. A common sentiment among many participants is captured by this comment from one smoker: “*Our kids are crying for food and things, but you spend a lot of money on the cigarettes. Then you cannot help your family.*” (MNS7-25+). Some smokers also expressed concern and anxiety for the family if they get sick or die because of their smoking:

“If I keep smoking then I might die and I am the only worker, my family will be greatly affected. So, if the breadwinner dies, then his family will suffer because there will be no one able to earn money for them. So, we know that the kids will always be the ones who suffer.” (MS5-25)

Discussion

Our research demonstrates the perceived value of graphic, locally adapted advertisements to support efforts to reduce tobacco use in Samoa. We identified that adapted advertisements, which required minimal investment in terms of resourcing offered a cost-effective means to reframe the risks associated with tobacco use using realistic, locally relevant imagery. Based on our qualitative study, the adapted advertisements raised awareness of the health impacts of tobacco use. It also appeared to have been effective in translating abstract concepts about the impact of smoke inhalation from smoking a single cigarette on internal organs; the effects on arteries, heart and brain.

It is also important to take note that the *talanoa* was useful in that it enabled the researcher and the participants to have a free dialogue. According to [Vaiioleti \[12\]](#), *talanoa* “allows more *mo’oni* (pure, real, authentic) information to be available for Pacific research than data derived from other research methods”. The participatory nature of the *talanoa* allowed participants to ‘story’ their experiences, perceptions, and thoughts in a safe space. Our Samoan *talanoa* facilitator was familiar with Samoan cultural norms for group interaction. We established cultural protocols such as starting the *talanoa* with formal introductions and general sharing of information as culturally relevant in this context. The sharing of personal stories was fluid, and participants were able to offer a rich and complex contour of their beliefs and perceptions. For instance, their belief of the negative effects of smoking is anchored not only on what they saw on the advertisements, but on their own personal experience of having known someone who was affected by smoking. We offer the argument that ‘adaptation’ does not end in the reproduction of advertisements to suit local culture, but

culturally relevant and appropriate qualitative pre-testing and evaluation methods are also critical to construct quality research evidence for effective anti-tobacco advertisements. Furthermore, the discussion and description of the *talanoa* is an important contribution of this study in Pacific Islands research literature.

This study provides evidence to support the use of media campaigns to reduce tobacco use in the PICTs. More than ever, there is a need to continually expose the public to the effects of smoking and offer options to support smoking cessation. The 'warts and all' approach to health messaging has been controversial, yet the anecdotal evidence suggests it may be effective an approach for Samoan smokers. It may also be useful in realigning misconceptions about the effect of tobacco use on smokers and non-smokers health. The campaign was provocative, stimulating discussion and placing pressure on smokers to quit. This study was part of a wider project undertaken to pilot the benefits of a text message based smoking cessation for Samoa. The interaction effects of the media campaign and the promotion of the text message smoking cessation programme was not investigated. Yet, the driver to develop the campaign was to promote wider public support for smokers who are wanting to quit.

Arguments against hard-line messages about the effects of tobacco use recognise that stigmatising smokers may not be conducive to behaviour change [13, 14]. This perspective has seen the rise of more moderate, social norm shifting campaigns (such as the Stop Before You Start campaign <https://www.hpa.org.nz/campaign/stop-before-you-start>). It is not clear whether the depiction of graphic health images is more effective than campaigns focused on other drivers to smoking, such as social norms. Often a combination of strategies is most effective, for example, including warning people of the risk via graphic images and supporting people to quit through supportive messages, services and normalising quitting. Other factors such as extent of reach and frequency are also associated with campaign effectiveness [4, 15]. We did not include quantitative measures of exposure in this study, nor did we measure, objectively, changes before and after exposure to the campaign. Our study sought a 'consumerist' perspective on the value of the campaign, finding support for its continued contribution to Samoa's tobacco control plans.

Abbreviations

FCTC Framework Convention on Tobacco Control

PICT Pacific Island Countries and Territories

TV television

WHO World Health Organization

Declarations

Ethics approval and consent to participate:

Ethics approval was provided by the University of Auckland Human Participants Ethics Committee (Ref 16631) and the Samoa Ministry of Health Research Ethics Committee. Fully informed and written consent was obtained from all participants.

Consent for publication:

Not applicable

Availability of data and material:

The data (transcriptions) supporting the conclusions of this article are not publicly available due to ethical reasons. The data contain potentially identifiable information of study participants (i.e., participants are from villages with small population sizes). Data can be made available from the corresponding author on reasonable request.

Competing interests:

The authors declare that they have no competing interests.

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Authors' contributions:

EU and JMC designed the study; HT facilitated the talanoa and reviewed the transcriptions and translations, EU conducted the initial analysis and HT and JMC provided additional review. EU and JMC wrote the draft, with substantial inputs from HT, RW and CS. All authors have read and have approved the final manuscript.

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Tables

Table 1. Links to the advertisements

Original titles	Link	Samoan version	Link
Cigarettes Are Eating You Alive	https://www.youtube.com/watch?v=fkXHzhTF5-c	Alive	https://vimeo.com/showcase/3593735
Cigarettes are Eating Your Baby Alive	https://www.youtube.com/watch?v=eMfnFia-Jz0	Baby Alive	
Clinical		Heart	

Table 2. Participants' demographics

Characteristic	n=54
<i>Gender</i>	
Male	28
Female	24
No answer	2
<i>Age group</i>	
16-24 years	30
25-49 years	21
No answer	3
<i>Smoking status</i>	
Daily	23
Occasionally	7
No	24
<i>Are there people in your household who smoke</i>	
Yes	42
No	12
<i>Cigarettes per day (for smokers)</i>	
	(n=30)
1-5	8
6-10	4
11 and up	15
No answer	3
<i>Thought about quitting (for smokers)</i>	
	(n=30)
Yes	24
No	5
No answer	1

Figures

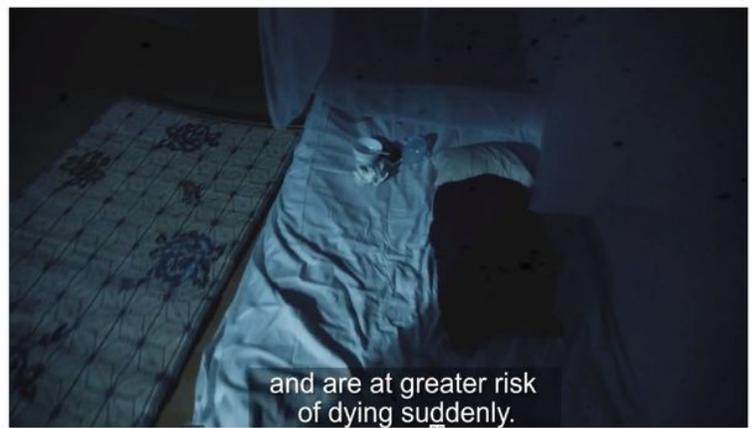


Figure 1

Original vs Adapted Baby Alive TV advertisement.