

MYSTIFICATION AS ASTRAY IN FORESTS: WORKPLACE TOBACCO PROMOTION RIVALRY AMONG MUSLIMS

Kamaruzzaman Abdul Manan¹, Che Mahzan Ahmad² & Ahmad Shalihin Mohd Samin²

kamarule@live.com, che_ahmad@yahoo.com, asms77@yahoo.com

International Islamic University Malaysia (IIUM)¹

Universiti Sains Malaysia (USM)²

ABSTRACT

This article highlights the findings on Muslim smokers' responses to the legislation of workplace tobacco-free policy as well as their attitude towards smoking. The data were collected in July 2015. A total of 200 smokers were selected as research respondents. The research conducted a survey whereby respondents' smoking patterns, attitudes towards smoking, attitudes and barriers towards quitting and perception towards existing tobacco-free policy implementation were studied. The results show that there are contradictions between smokers' positive perception of workplace tobacco-free policy and their desire to remain smokers. The findings indicate that there is cognitive dissonance among the smokers. The confusion that occurs is likened to mystification as astray in forests. Thus, there is a need to transform the initial strategies in executing tobacco cessation activities. The article suggests a new dimension of cessation activities whereby tobacco cessation needs to change from a promotional perspective into a competitive outlook. Perhaps it is worth looking back at Michael Porter's "The Competitive Forces That Shape Strategy". This business model analyses competition within a particular industry as well as a business strategy development. The tobacco industry is known to be among the most advanced marketers in the world, thus smoking cessation needs a relook on the tactics that are used by their competitors in order for them to improve the effectiveness of cessation programmes. As Sun Tzu used to say, "He who knows them will be victorious; he who knows them not will fail".

Keywords: attitude; smokers; motivation to quit; workplace health promotion; tobacco-free promotion rivalry.

1.0 INTRODUCTION

Workplace wellness promotion is a health activity designed to support healthy behaviour and improve health outcomes while at work. Lately, it is being suggested and promoted as part of the strategic organisational communication via communication planning initiative. This promotion is becoming more significant as organisations nowadays realise the role of a healthy workforce in driving organisational success (Michaels & Greene, 2013). Moreover, World Health Organization (WHO) has also recognized the workplace as a good platform in emphasising health communication message and promoting healthy lifestyle (WHO, 2015). In Malaysia, workplace wellness promotion is less received among organisations as not many of them are willing to take workplace wellness promotion seriously because it is being seen as an employee's private matter.

One such initiative is a tobacco-free organisation. Smoking is an unacceptably dangerous habit which involves addictive substances that are hostile not only to the health of the smoker but also the non-smoker who is exposed to the smoke. Each puff sends 4000 dangerous chemicals which include 43 known for cancer-causing shot to the brain (WHO, 2014). The issues of dangerous smoking are nothing new; the whole world knows about this unhealthy lifestyle which causes health problems and some people are trying their best in combating the malaise. Hermeneutically speaking, in Malaysia tobacco cessation activities have been conducted for more than four decades. Various initiatives have been taken to decrease the prevalence of smoking among Malaysians such as the increase of tax on tobacco products, the banning of smoking in public areas, the prohibition of any form of tobacco product advertisement, the enforcement of law on tobacco control, the legislation of tobacco-free policy as well as the various awareness campaigns on the harmful of smoking (Lee, & Tam, 2014).

Workplace tobacco-free campaign is one of the activities under the rubric of health communication (WHO, 2015). This tobacco-free campaign promotion is becoming more significant nowadays as organisations have started to realise the role of a healthy workforce in increasing their work performance and driving organisational success (Nurul Hudani Md. Nawawi, Ma'rof Redzuan, Puteri Hayati Megat Ahmad & Noor Hisham Md Nawawi, 2015). Workplace tobacco-free campaign is a communicating process that covers a range of topics related to smoking, from basic knowledge, treats and prevention, policies to the latest medical findings in the organisational context. This organisational tobacco cessation activity is done with various target audiences from different levels and backgrounds, with the objective of enhancing their understanding of the hazards of tobacco that may lead to a substantial chance in employees applying information about smoking related behaviour.

Malaysia is one of the countries whereby organisations are actively conducting tobacco-free promotional activities. However, convincing target audiences to adopt smoking related behaviours has never been an easy taste. Many workplace tobacco-free campaigns face a decline in audiences due to the “turned off” message (Global Adult Tobacco Survey Malaysia, 2011). Moreover, organisational tobacco-free campaigns have been treated as “an elephant in the room” whereby the majority are being ignored and viewed as a waste of money.

Although smoking cessation activities have been increasing over the last decades, the number of smokers among Malaysians is still alarmingly high. A global study found that there are about 4.75 million smokers in Malaysia who currently spend on average RM10.2 billion on tobacco each month, and tobacco abuse is responsible for an enormous 35% of hospital deaths. The bad effects of tobacco are forecasted to double by 2030 (Daing & Mohd, 2013). Paradoxically, the study on the effectiveness of Malaysia smoking cessation media campaign shows that the level of awareness among Malaysians on the dangers of smoking is high but somehow it does not transfer into their attitudes and behaviour change (IPH, 2011). Perhaps, many people still treat smoking as a less harmful drug due to dissonance on the matter. Presumably, smokers are aware about its harmful effects but frequently are in denial and counter-act with wrong moral justifications of their habits.

Smoking is a stubbornly addictive habit though. Therefore, smokers need to go beyond having knowledge and awareness and build up inner strength to quit smoking (Hou, 2013). Suffice to say, smoking cessation activities need to take into account the possible factor of supporting the behaviour of continuing smokers who are not engaged in attempts of quitting as well as the exploration of views and attitudes towards smoking, quitting, and measures of tobacco policy effectiveness.

1.1 Morris Selling Tactics

Each year major tobacco producers like Phillip Morris spend billions of dollars in marketing and promoting their products (The American Cancer Society, 2008). Tobacco producers also conduct many studies on trends and smoking habits as well as the loop holes which tobacco cessation might neglect. These findings are used as their marketing tools and selling tactics in promoting their products. Moreover, the tobacco producers are very effective in enticing new customers to use their products; “replacement smokers” are thus very important to the industry’s triumph.

Among the tactics used in selling 'death' are through smokeless advertising, promotion and sponsorship (APS) whereby tobacco companies use non-related tobacco objects as means of promoting their brands e.g. Marlboro sponsoring Ferrari Formula One racing team. Entertainment and exclusive events are also other strategies that have been used by tobacco producer whereby glamorous people are engaged as their "ambassadors" to entertain their audiences whereby smokers and non-smokers manage to generate a desirable image as well as important connection between the famous icons and the company brands. Through their events, while their audiences enjoy themselves, tobacco companies take the opportunity to promote the products by distributing free cigarettes and free non-tobacco products i.e. t-shirts or caps with their brand which turn the wearers into walking advertisement in promoting their products.

As mentioned above, tobacco producers in their promoting strategies do not only target the smokers but also the non-smokers people who are important to the smokers. This is because the industry knows that its products are harmful and branded as dangerous thus they need to find alternative ways to implicitly send the message to their audiences by portraying tobacco use as a means of entertaining, empowerment, independence, and containing sex appeal. This leads to many Malaysian non-smokers still ignorant and indifferent to the harm of smoking as well as the number of new smokers to keep on growing (Assunta & Chapman, 2004).

1.2 Michael Porter "The Competitive Forces That Shape Strategy"

In connection with Morris' selling tactics, this article feels there is immediacy for tobacco cessation organisation to study the tobacco producer tactics in order for them to be able to defeat their main enemy. A Chinese military general Sun Tzu who is known for his military strategy book "The Art of War" used to say, "In order to achieve victory, you must know the enemy and yourself" (Sengpoh, 2015). In the same spirit of war, tobacco cessation is not only an issue of promotion but also an issue of competition with tobacco producers. Both of these entities are at war in influencing the audiences with their mission about tobacco consumption. Tobacco producers will do their best in selling their products; therefore tobacco cessation needs to employ a war strategy which will raise promotional activities to a higher level.

The primary challenge in the planning of workplace strategic tobacco cessation campaigns is identifying how programmes will communicate effectively and appropriately to persuade target audiences in carrying on the health behaviour change. Thus, throughout the years many studies have been conducted to understand the audiences' behaviour (Chapman, Borland, Scollo, Brownson,

Dominello, & Woodward, 1999; Antero, Maritta, Erkki, & Kari, 2001; Allwright, 2005; Jensen, Schillo, Moilanen, Lindgren, Murphy, Carmella, & Hatsukami, 2010). However, not many attempts to analyze the business strategies and tactics have been made by the tobacco industry in ensuring its products continue to be well received by customers (Barraclough, & Morrow, 2008). In a similar vein, this paper would like to revisit one of the business strategies models which is Michael Porter's "The Competitive Forces That Shape Strategy" which can be employed in the context of tobacco promotion rivalry.

Porter's strategies are the framework that analyzes the level of competition within a particular industry as well as business strategy development (Hove & Masocha, 2014). In the context of workplace tobacco promotion rivalry, smoking cessation has to study and a comparison made by tobacco companies on the major threats, namely threat of tobacco producers where tobacco cessation need to study what are the selling tactics that have been used by the tobacco companies in maintaining their initial customers as well as recruiting new ones.

The second threat is the threat of new entrants. The money-making tobacco markets that give high profit margins attract new companies to venture into the market (Porter, 2010). In the Malaysian context, the number of smokers that keeps growing leads to a larger demand for tobacco, thus this triggers many new tobacco companies to enter the market. This further complicates and enhances the challenges that need to borne by the tobacco cessation in tackling smoking issues.

The government policy is one of the main factors which affect on the numbers of threat new entrants. In Malaysia, the law enforcement on tobacco control was enacted more than two decades ago. Throughout the years the law has been improved and tightened due to increased rates of smokers (Yunna & Yisheng, 2014). However, the enforcement of the tobacco law seems to be weak and the tobacco industry uses this loophole as an opportunity to intensify the promotion of its products (Cheah, & Naidu, 2012). Presently, there is still no designated government enforcement body which has been given the task to seriously enforce laws related to tobacco. This is because to be effective, there must be comprehensive bans on any form of tobacco and brand related advertising, promotion, sponsorship as well as other selling tactics. The health quality of a nation does not just changes the habits of individual smokers but it is a social problem that requires changing the practices of social systems.

The third threat is threat of substitute products. The increasing of cigarette prices has resulted in many smokers cannot afford to buy them (Dobrivojević, 2013). However, due to their nicotine addiction, this has led to the inclination of smokers to switch to other alternatives in satisfying their desire. For example, the increase of cigarettes price leads to the development of much cheaper version of cigarettes whereby more harmful chemicals are used. It also leads to more tobacco smuggling activities into our country (Lee, Fong, Dewhirst, Kennedy, Yong, Borland, & Omar, 2015). Moreover, the development of other forms of smoking substitutes, such as electronic cigarettes are which are totally different from traditional cigarettes but still harmful, make it more challenging and difficult to combat smoking habits.

These threats exist due to the ability of smokers to find different ways of continuing their unhealthy behaviour. The only way to control these threats is by tobacco cessation which must continuously analyse and update the current substitutes that are being introduced in the market i.e. vape, shisa, and find ways to improve cessation strategies as these new issues need to be addressed. This is because tobacco industry will do its best in continuously find a way to sustaining its existence in the market.

Finally, the threat of buyer power also needs to be included in the cessation strategies. Buyer power is described as the smoker's ability to affect the tobacco price changes. This treat is very much influenced by previous treats (Fitzpatrick, Anh Nguyen & Cayan, 2015). In the context of the tobacco industry in Malaysia, buyer powers is seen when there is change in the smoking trend whereby smokers start to switch to more affordable smoking products when the main tobacco product is too expensive. Thus, to combat these treats, tobacco cessation needs to come up with comprehensive strategies whereby the threat of tobacco producers, threat of new entrants, threat of substitute products and threat of buyer power need to be included in the planning, executing, monitoring, evaluating as well as improving of tobacco cessation activities. Michael Porter's "Competitive Forces That Shape Strategy" model is further illustrated in Figure 1.

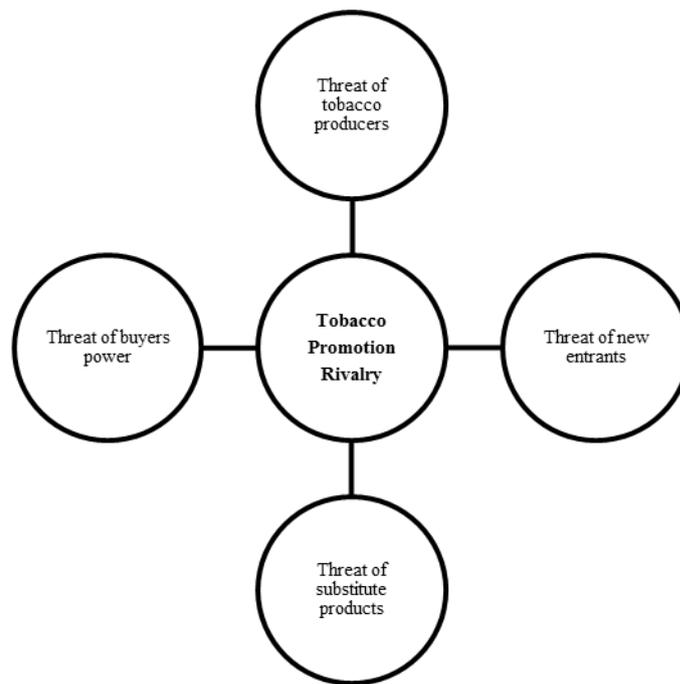


Figure 1: Michael Porter “The Competitive Forces That Shape Strategy”

2.0 PROBLEM STATEMENT

The question to ponder is why Tobacco Company likes Phillip Morris so successful in gaining and replacing smoking converts? What are the tactics that are used by these companies to sell death? In Malaysia, there are many efforts carried out in combating smoking. However, Malaysian still views smoking as less harmful compared to drug abuse due to its intangible adverse reactions. More worrying, there is no sign to indicate that the number of smokers has decrease (Lee, & Tam, 2014). Both tobacco companies and smoking cessation activities are trying their best to sell their ideas to the audiences. But tobacco companies’ strategies in selling death look more attractive, entertaining and easily accessible compared to smoking cessation approaches. Tobaccos companies cannot and do not directly claim that their products are good, but somehow they manage to implicitly give indication to the audiences that their products have a prestige and are fun. This results in many Malaysians becoming ignorant and indifferent about the harm of smoking.

The cause of the problem might be due to the fallacy in cessation activities’ planning process. Moreover, cessation activities are being seen to overuse the term “strategy” in their planning process whereby most of the programmes are replication of other smoking cessation programmes which claim

to be successful. It is not an exaggeration to say the current smoking cessation strategy in combating smoking needs a revisit. Perhaps this dilemma is caused by an error in smoking cessation strategies in the fight against the dangers of smoking.

3.0 OBJECTIVE

The aim of this paper is to find “white elephants” in smoking cessation communication planning, at least in Malaysia, namely in the following aspects: strategy, audience and method of organizational inquiry. In due course of exploration, accounts on strategies and tactics done by tobacco companies in enticing ‘converts’ are presented, and narratives on practices of non-Malaysian organizations in promoting organizational wellness are given. In a similar vein, the present practices are revisited. Is it not time to view communication planning from the outside of regular Anglospheric realm? Perhaps, it is worth viewing communication planning for organizational wellness, acting in the context of strategic model such as Michael Porter’s “The Five Competitive Forces That Shape Strategy” is employed in this tobacco promotion rivalry. Also, is it not of greater value to take the second audience instead of the first audience as the new priority target?

4.0 METHOD

4.1 Study Design

This study is a quantitative design whereby semi-structured face-to-face interviews were conducted with regular smokers.

4.2 Study Participants and Recruitment

The 200 participants were recruited based on their smoking status whereby the participant declared that he is currently a regular smoker. Participants were screened to determine the motivation level to quit smoking.

4.3 Study Instruments

Participants also completed a basic questionnaire designed to gather demographic data. Interview questions were developed to explore factors to assist in identifying the characteristics and smoking patterns, attitudes towards smoking and quitting, motives for smoking, barriers to quitting, and perception towards existing tobacco-free policy implementation.

4.4 Procedure

Each participant was individually contacted to arrange a date and time for the interview. The objective was to allow participants to speak freely about their experiences in a more freely and confidential manner. The interviews took place in locations that participant were comfortable in and suitable for the session to be conducted. During the interview session the researcher created an environment in which participants felt comfortable and free to communicate their thoughts and beliefs. The interviews lasted approximately 20-30 minutes and were hand written as requested by the interviewees.

4.5 Data Analysis

The interview data were analysed by familiarisation of defined themes that emerged from the data through multiple readings of the transcripts. The data were then arranged into a thematic framework table. The analysis was done manually, in order to identify within which theme each point occurred. The interpretation of data was done by grouping together similar key points to identify repeated themes which reveal the smokers' attitudes towards smoking, quitting and policy implementation. The researcher then use reflexivity in shaping the understanding of the phenomena and deriving to the conclusions of the findings.

5.0 RESULTS

The data were collected in month of July 2015 and a total of 200 smokers were recruited as respondents.

5.1 Socio Demographic Characteristics

Table 1: Demographic Characteristics of 20 Respondents

Demographic Characteristics	Frequency	Percentage
Gender:		
Male	200	100.0
Total	200	100.0
Age (Years old):		
26 - 35 years	100	50.0

36 - 45 years	50	25.0
46 - 55 years	30	15.0
56 and above	20	10.0
Total	200	100.0
Marital status:		
Married	170	85.0
Single	30	15.0
Total	200	100.0
Level of Education:		
Primary/High School	120	60.0
Cert/Diploma	70	35.0
Degree/Master's	10	0.5
Total	200	100.0
Job Position:		
Management & Professional (Grade 41-54)	20	10.0
Supporting 1 (Grade 17 - 38)	130	65.0
Supporting 2 (Grade 1-16)	50	25.0
Total	200	100.0

The sample comprised of 200 male smokers. Half of the respondents were at the between 26 - 35 years (50%), followed by 36 - 45 years (25%), 46 - 55 years (15%) and 55 and above (10%). Most of the respondents were married (85%) and only (15%) respondents were single. In terms of education attainment, (60%) completed primary and secondary school and 40% had had gone to higher education institutions. The majority (90%) of the respondents were in the supporting staff categories (E.g. technical workers, clerical workers and labourers), while only (10%) were in the professional group.

The (100%) male smoker reflects the Malaysian smoking scenario whereby only (1.0%) of smokers are women. In terms of age group, the majority of the respondents were youth. All respondents were Muslims; nearly all of the respondents were Malays as they are the majority population in Malaysia. The majority of the respondents were married and from the middle income group and most of them have obtained basic education as well as holding a normal job position.

5.2 Smoking Patterns

In the quantitative interview, the participants revealed their smoking patterns by sharing their smoking behaviour in terms of the numbers of cigarettes consumed every day, smoking time, how they view their health condition, if they have disease caused by smoking, etc.

Table 2: The Smokers Smoking Patterns

Questions	Answers	Frequency	%
On average, how many cigarettes do you smoke each day?	9 and less	110	55
	10 to 19	50	25
	20 to 29	40	20
Where do you usually smoke during working hours?	Inside the work area	20	10
	Outside work area, inside organisation	20	10
	Outside organisation	160	80
In general, how would you say your health is?	Very Good	10	5
	Good	160	80
	Fair	30	15
Do you have a disease caused by smoking?	Disagree	200	100
Do your family members have a disease caused by smoking?	Agree	30	15
	Disagree	170	85
Has someone you love died because of smoking?	Agree	30	15
	Disagree	170	85

Table 2 demonstrate the smoking patterns among the smokers. The result shows that more than half of the smokers (75%) are habitual smokers who smoke about a pack of cigarettes or less a day but they can go on extended periods of time without smoking. Meanwhile, (25%) of the respondents are in the

category of enthusiastic smoker where this type of smoker smokes more than a pack a day and is addicted to nicotine. Due to the tobacco-free environment, the majority (80%) of the smokers will sneak cigarettes outside the organisation perhaps because they cannot or would not kick the habit and feel ashamed about it. However there are also (20%) of rebel smokers who still do not bother and smoke inside the organisation, realising they are going against the rules. Overall, (85%) of the smokers stated that they are in good health and none of them admitted that they have a disease caused by smoking. The respondents (85%) also denied that someone they love has died because smoking. According to the above result, even though the smokers are working in tobacco-free organisations, it does not stop them from continuing their bad habits. The smokers also claimed that they are healthy and their bad habits do not harm them as well as the people they love.

5.3 Attitudes towards Smoking

This segment looks into the smokers' attitudes towards their smoking habits as well as the reasons for keeping the behaviour.

Table 3: The Smokers' Attitudes towards Smoking

Questions	Answers	Frequency	Percentage
Smoking can help you to relax	Agree	130	65
	Slightly agreed	30	15
	Disagree	40	20
Smoking is an activity to do when you are bored	Agree	160	80
	Disagree	40	20
You are addicted to nicotine	Agree	50	25
	Slightly agreed	30	15
	Disagree	120	60
Smoking is a personal matter and can be performed at any time and any place	Agree	170	85
	Slightly agreed	20	10
	Disagree	10	5
In Islam, smoking is.....	<i>Makruh</i>	130	65
	Not Sure	70	35

Table 3 demonstrates the smokers' attitude towards smoking whereby (65%) agreed that smoking helps them to relax, (15%) slightly agreed and (20%) disagreed. 80% of the smokers felt that smoking is an activity that keeps them occupied, especially when bored. More than half (60%) of the smokers disagreed that they are addicted to nicotine and almost all (95%) of the respondents agreed that smoking is a personal matter and can be performed at any time and any place. Most smokers (65%)

held that in Islam, smoking is *Makruh* but (35%) were not sure about the Islamic law regarding smoking. The most frequent reasons mentioned for smokers to smoke were pleasure of smoking, boredom, dependency, smoking as a personal matter and confusion in Islamic law on smoking. In the interview sessions, the smokers openly discussed why they enjoy smoking. Additionally, they also had work-related reasons such as having more breaks at work, seeking inspiration to complete job and releasing work stress. Although the majority agreed with the biological addiction to nicotine, most of the smokers were actually psychologically addicted to the routine of smoking.

5.4 Attitudes and Barriers towards Quitting

This section looks into the possible attitudes and barriers to quitting which might have hindered smokers' motivation to quit smoking and enhanced motivation to continue smoking.

Table 4: The Smokers' Attitudes and Barriers towards Quitting

Questions	Answers	Frequency	Percentage
Have you ever tried to quit smoking?	Yes	150	75
	No	50	25
IF YES, how many times have you ever tried to quit smoking?	Never	50	25
	1-2	80	40
	3-4	30	15
	5-6	40	20
IF YES, What makes you relapse?	I just don't want enough	10	5
	My willpower is low	30	15
	An addiction to nicotine	50	25
	I can't stop thinking about it	10	5
	I enjoy smoking		
	To relax or reduce stress	10	5
	Out of habit	20	10
When you are in a situation where you cannot smoke i.e. in airplane/fasting, do you find it inconvenient?	Yes	30	15
	Slightly	20	10
	No	150	75
Do you have any intention to quit smoking now?	Yes	160	80
	No	40	20
Do you need any assistance?	No	180	90
If you have to do it again, you would not have started smoking?	Yes	150	75
	No	50	25

Table 4 illustrates the smokers' attitudes and barriers towards quitting. The result shows that (75%) of the smokers had attempted to quit smoking however it did not last when they relapsed to their original habit. Most of the smokers made 1-2 attempts then gave up. There were several intra-personal barriers that hindered success of quitting and enhanced motivation to continue to smoke such as addiction (30%), low willpower (20%) and difficulties in removing the habits (10%). However, when smokers are in the circumstances that they have no option, (75%) of the respondents were able to get through the periods of time without smoking. Furthermore, (80%) of the smokers have the intention to quit smoking now and (90%) of them do not need any assistance to quit.

The majority of the smokers showed their remorse on the habit when 75% of them said that they would not have started smoking if they had to do it over again. The major reasons given as to why smokers did not feel like quitting straight away are that they felt no harmful health effects, they are addicted to smoking and it has become a habit in their lives difficult to change, they also enjoy smoking, and they did not want to quit enough by giving excuse that they would eventually quit in the future. As for the attitude towards NHS SSS, all smokers were dismissive towards the assistance and were less willing to use such services. Overall, the responses that had been given by the respondents indicate that the smokers are only loath to quit and are not that serious in quitting.

5.5 Perception towards Existing Tobacco-Free Policy Implementation

The evaluative beliefs about existing tobacco-free policy will provide an understanding on the smokers' perceptions towards the policy implementation and their smoking habits.

Table 5: Smokers' Perception towards Existing Tobacco-free Policy Implementation

Questions	Answers	Frequency	Percentage
I know that organisation has distributed information about tobacco-free policy through advertisement, email, events and social media.	Disagree	30	15
	Agree	150	75
	Strongly agree	20	10
I believe that this tobacco-free policy is a good policy.	Disagree	40	20
	Agree	120	60
	Strongly agree	40	20
Tobacco-free policy makes smoking less socially desirable on organisation.	Agree	70	35
	Strongly agree	130	65
I believe that this tobacco-free policy will provide me a more conducive work environment.	Disagree	20	10
	Agree	90	45
	Strongly agree	90	45

I intend to support the implementation of this tobacco-free policy.	Neither	20	10
	Agree	130	65
	Strongly agree	50	25
Do you think this tobacco-free policy will motivate you to quit in the future?	Yes	160	80
	Maybe	20	10
	No	20	10

Table 5 shows smokers' perception towards existing tobacco-free policy implementation. The results demonstrate that (85%) of the respondents were aware about the tobacco-free policy through media exposure. 80% of the smokers believed that the tobacco-free policy is a good policy. After the legislation of the smoke-free policy, more than half, (65%) of the smokers felt awkward to smoke in their organisation. Surprisingly, 90% of the smokers agreed that the tobacco-free policy would provide them a more healthier and conducive work environment. Furthermore, 90% of the smokers intended to support the implementation of the tobacco-free policy. The majority of the respondents also admitted that the tobacco-free policy does increase their motivation to quit in the future. However, this result contradicts with their current behaviour on smoking. According to Guo, Unger, Azen, MacKinnon and Johnson (2012) there is a cognitive dissonance, which occurs in smoking habits.

6.0 DISCUSSION AND RECOMMENDATIONS

This research has found that despite the legislation of the tobacco-free policy, Muslim smokers are still stubborn about their bad habits. This finding is also in line with previous studies which found that even after promoting on the harmful effects of smoking, smoking cessation still fails in convincing, converting and reducing the number of smokers (Yasin, Retneswari, Moy, Darus & Koh, 2012; Repace, Zhang, Bondy, Benowitz, & Ferrence, 2013; Lee & Tam, 2014).

In the context of tobacco-free workplace environment, smokers who experience cognitive dissonance leads to feelings of discomfort and mental stress caused by the policy as it contradicts with their habit (Kneer, Glock & Rieger, 2012). Thus these leads to smokers are implicitly forced to support the policy which opposes their attitude and behaviour. However, this does not stop them from continuing with the harmful habits. Smokers only portray their support and avoid smoking in public. In order to keep the habits, they use psychological defence as the mechanism in trimming down as well as

keeping away the dissonance from occurring. Among the defence mechanism are denial (refuse to accept an unpleasant reality) i.e. Muslim smokers tend not to accept that smoking is *haram* in Islam; projection (a negative situation is seen or viewed or assumed as positive) i.e. smokers view their habits as less harmful compared to taking drugs; rationalization (distorted thinking that attempts to justify behaviour drives by self-interest or being unacceptable); i.e. smokers justify they will eventually quit smoking in the future (Uppal, Shahab, Britton & Ratschen, 2013).

This leads to smokers seeing what they want to see, what they expect to see and what they need to see in order to maintain or strengthen their defence mechanism. Often, smokers will distort the truth to make it fit into our ideas that we already form about them. In other words, smokers are reluctant to change their perceptions and ideas to accommodate the fact; instead, it is easier to fit our thinking into the existing situation. On the other hand, the dissonance that occurs indicates that workplace tobacco-free policy does have an impact and plays an important role towards influencing smokers' behaviour (Fotuhi, Fong, Zanna, Borland, Yong & Cummings, 2013). Therefore, there is a need to look back on how to further improve workplace tobacco-free policy to further enhance its effectiveness.

This is why this article would like to suggest that tobacco cessation planning to look back at Michael Porter's "The Competitive Forces That Shape Strategy". By employing Porter's competitive strategy, this article feels that combating smoking key players will produce much better competitive strategies or at least at par with those by tobacco producers. Moreover, Porter's strategies will help the health communication which requires being overhauled in its way of emphasising tobacco-free message i.e. from fear appeal to a friendlier and fun approach. This will encourage more people to join in combating tobacco. A friendlier, pleasurable and entertaining approach will develop smokers' self-willingness to quit as well as non-smokers' motivation to support the cessation activities. This approach also aligns with Islamic teaching that emphasise on the beauty of Islam in order to attract the non believers. Islamic values are spread through love and not with violence and coercion.

It is undeniable that workplace tobacco cessation is still remains as an effective platform to control smoking problem. This is because the workplace is a place where a group of individuals join under one roof and are bonded by the organisation's mission and vision. Therefore, in the same spirit, the workplace has the power to influence its community behaviour. However, the influence must be executed in different and better strategies. The workplace has advantages whereby its population has a limit; thus a population study can be done to understand the employees' perspectives about smoking. Every workplace also has its own work culture that can be moulded, thus workplace tobacco cessation

needs to find a way on how to sell ideas in combating smoking in a more effective way. Employees spend a minimum of one third of their working days at the workplace. Hence, if the tobacco cessation is attractive and efficient, it has high chances in converting the employees to become knowledgeable in the harmful effects of smoking and consequently, lose any appetite for it.

Finally, tobacco producers are among the most advanced marketers in the world and will keep up on innovative and new campaigns to build an optimistic brand image of their products to attract new users. Realising this reality and tactics employed by the enemy, workplace tobacco control must be armed with more serious strategies in shouldering responsibility to protect their community from the harm of smoking.

ACKNOWLEDGEMENT

This research was supported by the Research Fund provided by National Poison Centre, Universiti Sains Malaysia.

REFERENCES

- Antero, H., Maritta, S. J., Erkki, K., & Kari, R. (2001). The short-term impact of national smoke-free workplace legislation on passive smoking and tobacco use. *American Journal of Public Health, 91*(9), 1416-1418.
- Assunta, M., & Chapman, S. (2004). A mire of highly subjective and ineffective voluntary guidelines: tobacco industry efforts to thwart tobacco control in Malaysia. *Tobacco Control, 13*, 43–50. doi:10.1136/tc.2004.008094.
- Barraclough, S., & Morrow, M. (2008). A grim contradiction: The practice and consequences of corporate social responsibility by British American Tobacco in Malaysia. *Social Science and Medicine, 66*(8), 1784–1796. doi:10.1016/j.socscimed.2008.01.001.
- Chapman, S., Borland, R., Scollo, M., Brownson, R. C., Dominello, A., & Woodward, S. (1999). The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. *American Journal of Public Health, 89*(7), 1018-1023. doi:10.2105/AJPH.89.7.1018.
- Cheah, Y. K., & Naidu, B. M. (2012). Exploring factors influencing smoking behaviour in Malaysia. *Asian Pacific Journal of Cancer Prevention, 13*(4), 1125–1130. doi:10.7314/APJCP.2012.13.4.1125.
- Daing D. M. & Mohd N. O. (2013). Pengaruh faktor sosial kesan kempen media tak nak merokok kementerian kesihatan Malaysia. *Jurnal Komunikasi Malaysia 29*(1): 179-198.
- Dobrivojević, G. (2013). Analysis of the Competitive Environment of Tourist Destinations Aiming at Attracting FDI by Applying Porter's Five Forces Model. *British Journal of Management & Economics 3*(4): 359-371.
- Fitzpatrick, B. D., Anh Nguyen, Q. Q. & Cayan, Z. (2015). An Upgrade To Competitive Corporate Analysis: Creation Of A "Personal Finance Platform" To Strengthen Porter's Five Competitive Forces Model In Utilizing. *Journal of Business & Economics Research (Online) 13*(1): 65-78.
- Fotuhi, O., Fong, G. T., Zanna, M. P., Borland, R., Yong, H.-H. & Cummings, K. M. (2013). Patterns of cognitive dissonance-reducing beliefs among smokers: a longitudinal analysis from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control 22*(1): 52-58. doi:10.1136/tobaccocontrol-2011-050139.
- Global Adult Tobacco Survey (GATS) Malaysia, (2011), Kuala Lumpur: Ministry of Health Malaysia.
- Guo, Q., Unger, J. B., Azen, S. P., MacKinnon, D. P. & Johnson, C. A. (2012). Do cognitive attributions for smoking predict subsequent smoking development? *Addictive Behaviors 37*(3): 273-279. doi:10.1016/j.addbeh.2011.11.002.

- Hou, S.-I. (2013). Practical Health Promotion. *Health Promotion Practice, 15*: 91-94. doi:10.1177/1524839913507064.
- Hove, P. & Masocha, R. (2014). Interaction of Technological Marketing and Porter's Five Competitive Forces on SME Competitiveness in South Africa. *Mediterranean Journal of Social Sciences, 5*(4): 254-262. doi:10.5901/mjss.2014.v5n4p254.
- Institute for Public Health. (2011). *Report of the global adult tobacco survey Malaysia*. Kuala Lumpur: Ministry of Health Malaysia.
- Jensen, J. a, Schillo, B. a, Moilanen, M. M., Lindgren, B. R., Murphy, S., Carmella, S., & Hatsukami, D. K. (2010). Tobacco smoke exposure in nonsmoking hospitality workers before and after a state smoking ban. *Cancer epidemiology, biomarkers and prevention: A publication of the american association for cancer research, cosponsored by the american society of preventive oncology, 19*(4), 1016-1021.
- Kneer, J., Glock, S. & Rieger, D. (2012). Fast and not furious? Reduction of cognitive dissonance in smokers. *Social Psychology 43*(2): 81-91. doi:10.1027/1864-9335/a000086.
- Lee, M. Y. & Tam, C. L. (2014). Smoking and burden of ill health: A review of the Malaysian context. *International Journal of Collaborative Research on Internal Medicine and Public Health 6*(7): 190-198.
- Lee, W. B., Fong, G. T., Dewhirst, T., Kennedy, R. D., Yong, H.-H., Borland, R., ... Omar, M. (2015). Social Marketing in Malaysia: Cognitive, Affective, and Normative Mediators of the TAK NAK Antismoking Advertising Campaign. *Journal of Health Communication, 20*, 1166–1176. doi:10.1080/10810730.2015.1018565.
- Michaels, C. N. & Greene, A. M. (2013). Worksite wellness: increasing adoption of workplace health promotion programs. *Health Promotion Practice 14*(4): 473-479. doi:10.1177/1524839913480800.
- Nurul Hudani Md. Naw, Ma'rof Redzuan, Puteri Hayati Megat Ahmad & Noor Hisham Md Naw. (2015). Testing the Model of the Relationship Between Emotional Intelligence, Personality Traits and Leadership Behaviour towards Work Performance. *Akademika 85*(2): 3-16.
- Porter, M. (2010). Porter's Five Forces. *What Makes a Good Leader, 2011*, 78–93, 137. Retrieved from <http://www.quickmba.com/strategy/porter.shtml>. Retrieved on: 12 December 2015.
- Repace, J., Zhang, B., Bondy, S. J., Benowitz, N. & Ferrence, R. (2013). Air quality, mortality, and economic benefits of a smoke-free workplace law for non-smoking Ontario bar workers. *Indoor Air 23*(2): 93-104. doi:10.1111/ina.12004
- Sengpoh, L. (2015). The Competitive Pricing Behaviour of Low Cost Airlines in the Perspective of Sun Tzu Art of War. *Procedia-Social and Behavioral Sciences 172*: 741-748. doi:10.1016/j.sbspro.2015.01.427.

- The American Cancer Society. (2008). *How do you sell death*. Georgia: The American Cancer Society.
- Uppal, N., Shahab, L., Britton, J. & Ratschen, E. (2013). The forgotten smoker: a qualitative study of attitudes towards smoking, quitting, and tobacco control policies among continuing smokers. *BMC Public Health* 13(432): 1-9. doi:10.1186/1471-2458-13-432.
- World Health Organization (2014). Non-communicable Diseases (NCD) Country Profiles, Malaysia. Retrieved from: www.who.int/nmh/countries/mys_en.pdf. Date: 6 July 2015.
- World Health Organization. (2015). The workplace: A priority setting for health promotion. Workplace health promotion. Retrieve: http://www.who.int/occupational_health/topics/workplace/en/. Date: 22 November 2015.
- Yasin, S. M., Retneswari, M., Moy, F. M., Darus, a. & Koh, D. (2012). Job stressors and smoking cessation among Malaysian male employees. *Occupational Medicine* 62(February): 174-181. doi:10.1093/occmed/kqs005.
- Yunna, W. & Yisheng, Y. (2014). The competition situation analysis of shale gas industry in China: Applying Porter's five forces and scenario model. *Renewable and Sustainable Energy Reviews* 40: 798-805. doi:10.1016/j.rser.2014.08.015.