In Fact
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Tobacco brand recognition among New Zealand adults

Background

There is strong evidence that exposure to tobacco marketing is associated with smoking uptake (DiFranza et al., 2006; Lovato, Watts, & Stead, 2011). Tobacco control initiatives therefore aim to minimise exposure to such marketing. For example, successive legislative changes in New Zealand beginning in 1963 (Thomson & Wilson, 1997) have led to a complete ban on tobacco advertising, promotion, product displays, and sponsorship.

Brand recognition is a useful indicator of marketing activity as it reflects exposure, and attention to, a particular product (Macdonald & Sharp, 2000). The level of recognition of tobacco brands is therefore seen as an indicator of the effectiveness of tobacco control initiatives that seek to minimise people's exposure to tobacco marketing.

This fact sheet uses data from the Health Promotion Agency's (HPA's) 2014 Health and Lifestyles Survey (HLS) to gauge tobacco brand recognition among New Zealand adults. This is achieved by assessing the ability to recognise the packs associated with tobacco brands sold in New Zealand. Monitoring changes in tobacco brand recognition over time will help assess the influence of tobacco control initiatives such as the removal of tobacco displays at the point-of-sale.

Methodology

The HLS is a nationwide in-home survey conducted using computer-assisted personal interviewing (CAPI).

Tobacco brand recognition was assessed by showing respondents, in a fixed order, images of five currently available cigarette or tobacco packs on show cards (one image per show card). Each pack image had the product's brand name digitally removed (see Image 1). Respondents were asked to name the brand of cigarette or tobacco that corresponded to each pack shown.

The five cigarette or tobacco packs tested in this way comprised the two highest selling cigarette brands in New Zealand, the two highest selling loose tobacco

Image 1. De-branded cigarette/tobacco packs shown to respondents

brands in New Zealand (Action on Smoking and Health, 2013), and one other brand due to its high international media exposure.

The dependent variable in this analysis was the number of brands (out of five) respondents correctly identified. A response was counted as correct if the respondent named the brand associated with a particular pack unprompted. The independent variables were smoking status, age, gender, ethnicity, and neighbourhood deprivation (see the 'About the Health and Lifestyles Survey' section for the relevant comparison groups).

Univariate regression analyses were conducted first to assess whether the number of brands correctly recognised changed with any of the independent variables. A multivariate regression analysis was then conducted to assess which variables were still associated with brand recognition after adjusting for all others.

Results

Around two-thirds (63%) of respondents were unable to correctly identify any of the tobacco labels shown. Only 2% of respondents were able to correctly identify all five (see Figure 1).

The initial univariate analysis showed that the number of tobacco brands respondents could correctly identify varied by smoking status, age, gender, ethnicity, and neighbourhood deprivation. After including all of these variables in the same model (to adjust for confounding effects), tobacco brand recognition varied only by smoking status, age, and ethnicity:

- **Smoking status**: Never smokers (*AOR* = .03; *95% CI* = 0.02, 0.05) and ex-smokers (*AOR* = 0.14; *95% CI* = 0.10, 0.19) identified fewer brands than current smokers.
- **Age:** Older adults (aged 45+ years; *AOR* = 0.18; *95% CI* = 0.11, 0.32) identified fewer brands than young adults (aged 18 to 24 years).
- **Ethnicity:** People who identified as Pacific (*AOR* = 0.60; *95% CI* = 0.41, 0.88), Asian (*AOR* = 0.41; *95% CI* = 0.23, 0.72), or European/Other (*AOR* = 0.59; *95% CI* = 0.42, 0.83) ethnicity identified fewer brands than those who identified as Māori.

To illustrate the effect of smoking status, age, and ethnicity on tobacco brand recognition, Figures 2 to 4 respectively show the percentage of respondents in each group who correctly identified *at least one* of the five labels shown.

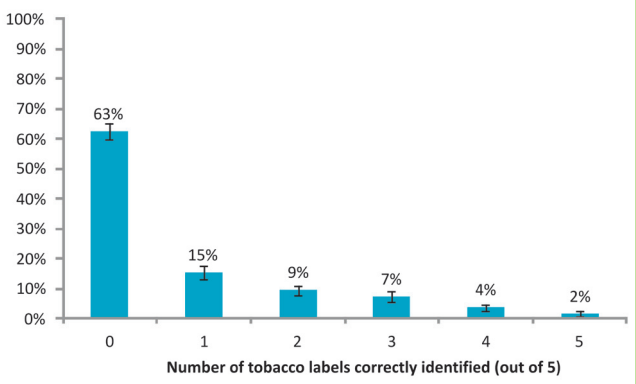

Figure 1. Percentage of respondents correctly identifying tobacco brands

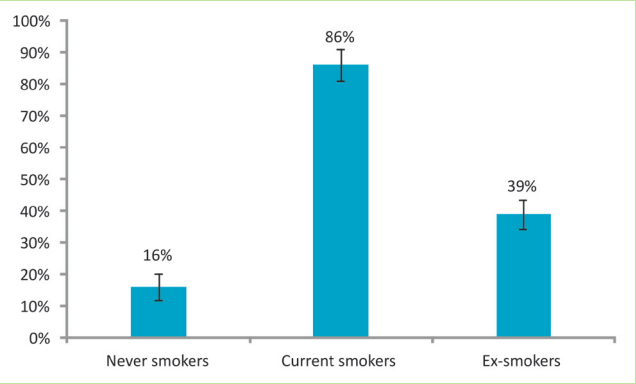

Figure 2. Percentage of respondents in each smoking status group who correctly identified at least one brand

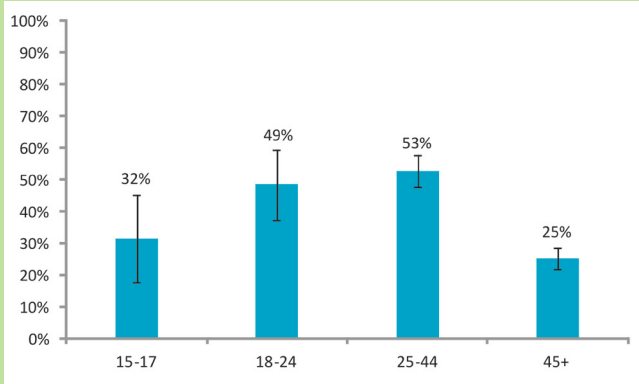

Figure 3. Percentage of respondents in each age group who correctly identified at least one brand

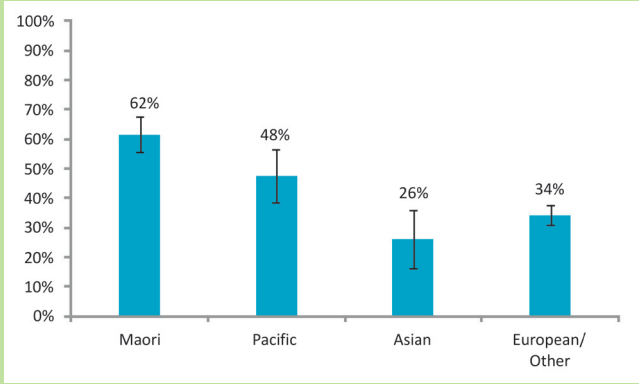

Figure 4. Percentage of respondents in each ethnic group who correctly identified at least one brand

Key points

- Around two-thirds (63%) of respondents were unable to correctly identify any of the five tobacco brands they were shown, while only 2% correctly identified all five.
- After adjusting for confounding variables, tobacco brand recognition varied by smoking status, age, and ethnicity.
- Tobacco brand recognition was lowest among never smokers, older adults (aged 45 years and over), and Asian respondents.

References

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Citation

Guiney, H., Li, J., & Walton, D. (2014). *Tobacco brand recognition among New Zealand adults. [In Fact]*. Wellington: Health Promotion Agency Research and Evaluation Unit.

About the Health and Lifestyles Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years since 2008.
- The 2014 HLS consisted of a sample of 2,594 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, alcohol, exercise, immunisation, mental health, breast feeding, and cancer screening. The response rate was 73.2%.
- The 2014 HLS sample included 1420 European/Other people, 564 Māori, 393 Pacific people, and 217 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) according to 2013 Census data to ensure they are representative of the New Zealand population.
- For this analysis, jack-knife proportions and associated 95% confidence intervals were calculated first. Logistic regression was then used to compare responses between groups. The significance level was set to $\alpha=0.05$.
- Respondents were counted as never smokers if they had never smoked cigarettes or tobacco; current smokers if they were currently smoking at least once a month; and ex-smokers if they had smoked tobacco in their lifetime but they no longer smoked.
- Comparison groups for these analyses were as follows:
  - Smoking status (never and ex-smokers, compared to current smokers)
  - Age (15 to 17, 25 to 44, 45+ years, compared to 18 to 24-year-olds)
  - Gender (males, compared with females)
  - Ethnicity (European/Other, Pacific, and Asian, compared with Māori)
  - Neighbourhood deprivation status (New Zealand Deprivation Index 8 to 10 and 4 to 7, compared with New Zealand Deprivation Index 1 to 3)
- A full description of the HLS methodology and further HLS publications can be found online at www.hpa.org.nz/research-library/research-publications.

About HPA

The HPA is a Crown entity that leads and delivers innovative, high quality, and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, and prevent disease, illness and injury. HPA also enables environments that support health and wellbeing and healthy lifestyles and reduce personal, social and economic harm.

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