Mapping the Characteristics of Children who Report that they 'Don't Know' the Potential Consequences of Smoking

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INTRODUCTION

Approximately 8% of children in Ireland are current smokers.[1] Though this figure has decreased from 21% in 1998,[2] a significant proportion of young people continue to smoke. As tobacco use is often established during adolescence,[3] it is essential that public health messages target all children, particularly those most at risk. A recent population level method to inform people about the health consequences of smoking includes warnings placed on cigarette packs.

OBJECTIVE

The objective of this research was to investigate whether there are socio-demographic, family, behavioural, or school patterns among Irish children who report that they 'don't know' to ten potential consequences of smoking.

METHODOLOGY

The 2014 Irish Health Behaviour in School-aged Children (HBSC) study is a nationally representative sample of children. The response rate was 59% and 84.5% at the school and student level respectively. Overall 13,611 children participated and 5,203 (38.2%) aged 14-17 years were asked information on the consequences of smoking. On a self-completion questionnaire, children responded to a 5-point likert scale as to whether they agree, disagree or don't know information on 10 statements. These 10 statements reflect warnings on cigarette packs in Ireland which are; smoking (i) causes lung cancer, (ii) increases the risk of having a heart attack, (iii) is addictive, (iv) is the leading cause of death, (v) clogs your arteries, (vi) doubles your risk of stroke, (vii) causes wrinkling and early ageing of the skin, (viii) can cause a slow and painful death, and (ix) tobacco smoke is toxic, and (x) smokers die younger. Data were also collected on socio-demographic (child gender and age), family (highest parental occupation, family affluence scale, and family structure), behaviours (having looked at warnings on cigarette packs in the last 6 months, and current smoking status) and school level factors (location and disadvantaged status). Descriptive analyses were used to investigate patterns in the data. A chi-squared test was used to test significance of differences across the socio-demographic, family factors, behavioural and school level factors, and knowledge of the consequences of smoking. Data were analysed using Stata v. 12.0.

RESULTS

The majority of children agreed with each individual statement (ranging from 65.0% to 96.7%), a smaller proportion disagreed with the individual statements (ranging from 1.0% to 13.9%) and a small but substantial proportion answered 'don't know' (ranging from 1.4% to 19.6%). Of those who answered 'don't know', the majority answered don't know to 1 or 2 statements (38.3% and 28.0% respectively) and 3.6% answered 'don't know' to between 6 and all 10 statements. Slightly more younger children i.e. 14-15 year olds (though not statistically significant), boys, children from low affluent families, current smokers, children attending urban schools, and those attending disadvantaged-status schools reported that they 'don't know' more frequently compared to their counterparts. Children from the higher social classes (1-2), from two-parent families and children who looked at cigarette packs in the past 6 months responded 'don't know' less frequently than their counterparts. Not all differences were statistically significant.

CONCLUSION

The findings suggest that there are some relevant patterns among those who 'don't know' whether smoking has potential health consequences. Those with a responsibility for health literacy and social marketing should take into consideration that certain groups are more likely to report they 'don't know' public health messages. Therefore social marketing campaigns should be aware that some children specifically boys, children from low socio-economic households and current smokers are not fully informed on the health consequences of smoking.

REFERENCES

Available on request.

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