In Fact

research facts from the HPA



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Family connectedness and substance use among Pacific youth

Background

Family connectedness describes the quality of connections within a family and is important for wellbeing in adolescence (Jose, Ryan & Prior, 2012). It is a protective factor against risky behaviour (Kingon & O'Sullivan, 2001). Substance use is a key risky behaviour that emerges in adolescence, with tobacco smoking and alcohol consumption of particular concern for Pacific youth. Although smoking rates among Pacific youth have been declining over time, they are still twice as likely to be regular smokers as their non-Pacific, non-Māori peers (Action on Smoking and Health, 2013). Pacific youth are also more likely to report drinking five or more alcoholic drinks in one session than non-Pacific, non-Māori youth (Ameratunga et al., 2011). To deter Pacific youth from taking up smoking or engaging in excessive alcohol consumption, and therefore reduce health inequalities arising from such substance use, it is important to understand the relationships with protective factors such as family connectedness.

The Health Promotion Agency's (HPA's) Youth Insights Survey (YIS) is a key source of New Zealand data on adolescent substance use. The YIS monitors Year 10 students' behaviours, attitudes and knowledge on health-related topics including tobacco smoking, alcohol consumption, and protective factors such as family connectedness.

Methodology

The 2012 YIS contained three items relating to family connectedness: "I like to spend free time with my family/whānau", "we can easily think of things to do together as a family/whānau" and "my family/whānau ask each other for help". Respondents were asked the degree to

which they agreed with each item statement on a fivepoint scale ranging from "strongly agree" to "strongly disagree". Overall family connectedness was measured by combining the scores for each item into a single score (Cronbach's alpha = 0.81) which ranged from 3 to 15. Family connectedness was compared against smoking status¹ and risky drinking status. Risky drinking was defined as consuming five or more alcoholic drinks in one session. To reduce the risk of injury from alcohol consumption, HPA's advice is no more than five standard drinks in a single occasion for men and no more than four in a single occasion for women (Health Promotion Agency, 2014). Drinking five or more alcoholic drinks in one session is therefore a high-risk behaviour for Year 10 students. Analysis was restricted to those students who reported a Pacific ethnicity (n = 400). Ethnicity was coded in accordance with ethnicity data protocols (Ministry of Health, 2004) and multiple ethnicities were allowed.

Family connectedness and smoking tobacco

Thirteen percent (9-18%) of Pacific Year 10 students reported they were current smokers, and males and females were equally likely to be a current smoker. One-half (51%, 45-57%) of respondents had never smoked, while approximately one-third (35%, 30-40%) no longer smoked or smoked less frequently than once a month. Family connectedness was significantly negatively related to smoking tobacco, with current smokers (μ = 11.6) likely to score lower on the family connectedness scale than both ex/experimental smokers (μ = 12.7) and those who had never smoked (μ = 12.5). The distribution of family connectedness scores by smoking status is shown in Figure 1 overleaf.



¹ Current smokers (smoke at least once a month), ex smokers (no longer smoke) and experimental smokers (smoke less often than monthly), and never smokers.

Family connectedness and risky drinking

Twenty-two percent (18-27%) of Pacific Year 10 students reported engaging in risky drinking in the past month, and males and females were equally likely to have done so. Approximately two-thirds (64%, 59-69%) had never engaged in risky drinking, while 14% (10-17%) had done so but not in the past month. Family connectedness was also significantly negatively related to risky drinking, with past-month risky drinkers (μ = 11.9) likely to score lower on the family connectedness scale than both those who had engaged in risky drinking but not in the past month (μ = 12.7) and those who had never engaged in risky drinking at this level (μ = 12.6). The distribution of family connectedness scores by risky drinking status is shown in Figure 2.

Key points

- One in eight (13%) Pacific Year 10 students were current smokers, while nearly one-quarter (22%) had engaged in risky drinking in the past month.
- Family connectedness was negatively related to both smoking and risky drinking behaviour among Pacific youth. Current smokers and past-month risky drinkers were likely to report lower levels of family connectedness.

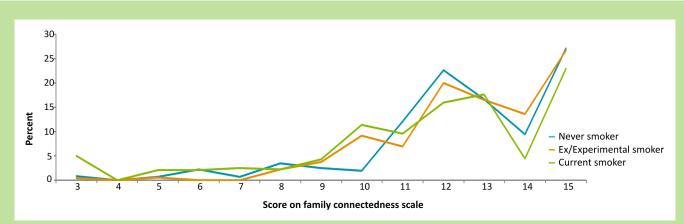


Figure 1. Family connectedness score by smoking status among Pacific Year 10 students

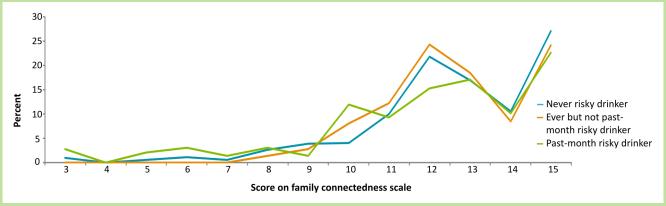


Figure 2. Family connectedness score by risky drinking status among Pacific Year 10 students

References

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Citation

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About the Youth Insights Survey

- The YIS forms part of the New Zealand Youth Tobacco Monitor (NZYTM), a collaborative effort by HPA and Action on Smoking and Health (ASH).
- The YIS is a nationwide paper-based survey conducted in schools every two years, first carried out in its current form in 2006 and dating back to 1995 in different formats.
- The YIS collects data on smoking-related knowledge, attitudes, and behaviour, as well as data on students' interests, lifestyles, activities, and media use, and other healthrelated topics.
- The 2012 YIS was conducted with a sample of 3,143 Year 10 students (predominantly 14 to 15-year-olds). The school-level response rate was 77%, the student-level response rate 82%, and the overall response rate was 65%.

- The sample included 1,589 NZ European, 704 Māori, 295 Pacific, 340 Asian and 199 people of 'Other' ethnicity (prioritised ethnicity). When multiple ethnicity responses were allowed, there were 400 students of a Pacific ethnicity.
- The data have been adjusted (weighted) to ensure they are representative of the population of New Zealand Year 10 school students.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were undertaken to compare responses between groups. The significance level used for statistical analyses was set to α=.05.
- A full description of the 2012 YIS methodology and further YIS publications can be found at http://www.hpa.org.nz/research-library/ research-publications.

About HPA

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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