In Fact

research facts from the HSC

Acceptability of smoking in outdoor places where children go

Health and Lifestyles Surveys 2008-2010

Background

There are a number of potential benefits in implementing restrictions on smoking in outdoor places where other people, particularly children, might be affected. This includes reductions in:

- exposure to second-hand smoke
- role modeling of smoking
- the extent to which smoking is seen as normal and acceptable.

However, because smoking restrictions in public places affect a large number of people, it is important to gauge public opinion. The Health Sponsorship Council (HSC) uses this knowledge to inform the wider sector and help provide direction for its tobacco control initiatives. To help establish this information, people were asked a question in the HSC's 2008 and 2010 Health and Lifestyles Surveys (HLS).

Methodology

In 2008 and 2010, all respondents were asked for their levels of agreement or disagreement ('strongly agree', 'agree', 'neither agree nor disagree', 'disagree', or 'strongly disagree') with the statement **smoking should be banned in all outdoor places where children are likely to go.**

Mean (average) agreement scores (ranging from 1 = strongly disagree to 5 = strongly agree) from the 2010 HLS were calculated to compare responses by:

- Smoking status (current smokers: those who smoked at least monthly, and past smokers: those who had ever smoked but did not smoke at the time of the survey, compared with never smokers).
- Ethnicity (Māori, Pacific, and Asian people, compared with people of European/Other ethnicity).
- Neighbourhood deprivation status (high: NZDep2006 8-10 and medium: NZDep2006 4-7, compared with low: NZDep2006 1-3).
- Parent/caregiver status (parents/caregivers of up to 16-year-olds, compared with those who were not parents/caregivers of up to 16-year-olds).

Differences in levels of agreement with this statement from the 2008 and 2010 HLS were also compared.

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Health and Lifestyles Surveys 2008-2010 (continued)

Overview of key findings

Except where otherwise stated, findings presented here are for 2010 and relate to agreement with the statement that **smoking should be banned in all outdoor places where children are likely to go.**

- Around three in four (76%) people overall agreed.
- Support was high among current smokers (54%) and past smokers (76%), but highest among never smokers (86%).
- Nearly all people of Asian ethnicity agreed (95%), compared with around seven in 10 (73%) of those of New Zealand European/Other ethnicity.
- Around eight in 10 females agreed (78%), compared with around seven in 10 males (73%).
- People showed similar average agreement regardless of their socio-economic background or whether they were parents/caregivers.
- People were more likely to 'strongly agree', and less likely to 'disagree' or 'strongly disagree' in 2010 than in 2008, indicating that New Zealanders are becoming more supportive of banning smoking in outdoor places where children are likely to go.

Detailed Findings

In 2010, around three in four (76%) respondents 'agreed' (31%) or 'strongly agreed' (45%) that **smoking should be banned in all outdoor public places where children are likely to go.** Around one in 10 (12%) 'neither agreed nor disagreed' (see Figure 1).

Are there group differences on whether smoking should be banned in public places where children go?

In 2010, the overall mean agreement score ($\bar{x}$) was 4.07 (out of 5).

Respondents who showed lower levels of mean agreement that smoking should be banned in all outdoor public places where children are likely to go were as follows (see Table 1 for agreement levels):

- Current smokers ($\bar{x}$=3.52) and past smokers ($\bar{x}$=4.06), compared with never smokers ($\bar{x}$=4.33).
- People of European/Other ethnicity ($\bar{x}$=4.01), compared with Asian people ($\bar{x}$=4.48).
- Males ($\bar{x}$=3.99), compared with females ($\bar{x}$=4.14).
- There were no differences by neighbourhood deprivation status or parent/caregiver status.

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Health and Lifestyles Surveys 2008-2010 (continued)

Table 1. Percentage agreement levels that *smoking should be banned in all outdoor places where children are likely to go* for subgroups where there were mean differences in agreement

	Gender		Ethnicity				Smoking Status		
	Male	Female	Māori	Pacific	Asian	NZ European/ Other	Never smoker	Current smoker	Past smoker
Agree (aggregate)	**72.5**	**78.3**	**76.2**	**85.9**	**95.1**	**72.6**	**85.7**	**53.7**	**76.0**
Strongly agree	40.5	49.3	42.8	44.8	57.6	44.0	56.6	23.7	42.8
Agree	32.1	29.0	33.5	41.1	37.5	28.6	29.1	30.0	33.3
Neither agree nor disagree	**14.1**	**9.9**	**14.3**	**5.0**	**1.1**	**13.1**	**6.2**	**24.4**	**10.9**
Disagree (aggregate)	**13.4**	**11.8**	**9.3**	**9.1**	**3.8**	**14.3**	**8.1**	**21.9**	**13.0**
Disagree	12.3	10.5	7.8	7.1	2.6	13.2	6.9	18.7	12.7
Strongly disagree	1.1	1.4	1.5	2.0	1.2	1.1	1.3	3.2	0.3

Are opinions on whether smoking should be banned in public places where children go changing over time?

Respondents were more likely to think **smoking should be banned in outdoor public places where children go** in 2010 than they were in 2008:

- Respondents were more likely to 'strongly agree' in 2010 (45%) than in 2008 (36%).
- Respondents were less likely to 'disagree' in 2010 (11%) than in 2008 (15%).
- Respondents were less likely to 'strongly disagree' in 2010 (1%) than in 2008 (6%) (see Figure 1).

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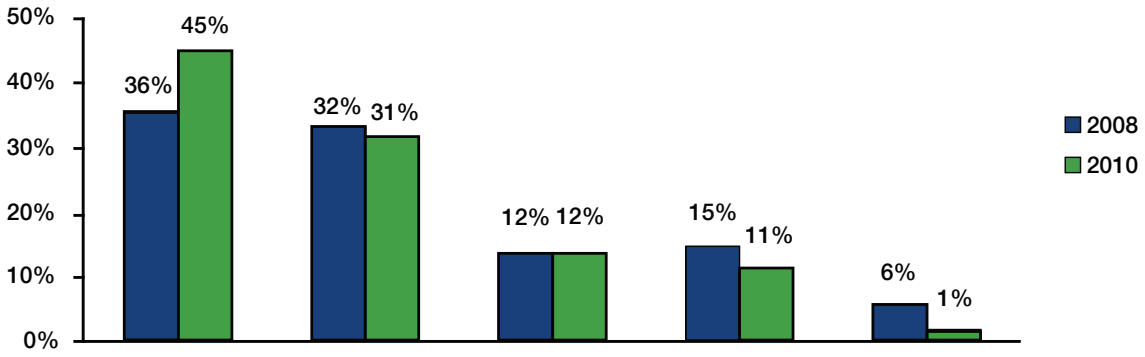
Health and Lifestyles Surveys 2008-2010 (continued)

Figure 1. 2008 and 2010 agreement that smoking should be banned in all outdoor public places where children are likely to go.



About the Survey

- The HLS is a nationwide in-home face-to-face survey conducted every two years, starting in 2008. The 2010 HLS consisted of a sample of 1,740 New Zealanders aged 15 years and over, who provided information about their health behaviours and attitudes relating to tobacco, sun safety, healthy eating, gambling, and alcohol.
- In 2010, the main sample, with a response rate of 57%, included 866 people of European/Other ethnicity, 460 Māori, 301 Pacific peoples and 113 Asian people (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, t-tests and analyses of variance (ANOVAs) were undertaken to compare mean agreement scores collected by the 2010 HLS. Response distribution from the 2008 and 2010 HLS were compared using chi-square tests, and differences between responses to statements in the two surveys were compared using odds ratios. The significance level used for statistical analyses was set to $\alpha = 0.05$.
- A full description of the 2008 and 2010 HLS survey methodology, which includes a description of the 2008 sample, and further HLS publications can be found online at www.hsc.org.nz/researchpublications.html.

About the HSC

The HSC is a crown entity that uses health promotion initiatives to promote health and encourage healthy lifestyles, with a long-term focus on reducing the social, financial and health costs of a number of health behaviours.

Citation

Trappitt, R., Li, J., & Tu, D. (2011). *Acceptability of smoking in outdoor places where children go – Health and Lifestyles Surveys 2008-2010* [In Fact]. Wellington: Health Sponsorship Council. Retrieved from www.hsc.org.nz/researchpublications.html

Research and Evaluation Unit, HSC
PO Box 2142, Wellington 6011, New Zealand, research@hsc.org.nz
June 2011