

Public opinion about a smokefree New Zealand Health and Lifestyles Survey 2010

Background

Tobacco use has long been a health and social issue throughout the world. The New Zealand government has agreed to set specific mid-term targets as a means towards the longer term goal of making New Zealand essentially a smokefree nation by 2025. Towards this goal, it is important to understand what New Zealanders think about tobacco as a health and social issue. To help establish this information people were asked a series of questions in the Health Sponsorship Council's (HSC's) 2010 Health and Lifestyles Survey (HLS).

Methodology

In 2010 all respondents were asked for their levels of agreement or disagreement ('strongly agree', 'agree', 'neither agree nor disagree', 'disagree', or 'strongly disagree') with a series of statements:

- Being Smokefree is part of the New Zealand way of life.
- Cigarettes and tobacco should not be sold in New Zealand in 10 years time.
- Cigarettes and tobacco should not be sold in New Zealand in five years time.
- Cigarettes and tobacco are too dangerous to be sold at all.

Mean (average) agreement scores (ranging from 1 = strongly disagree to 5 = strongly agree) 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).
- Age (25-34 years, 35-54 years, and 55 + years, compared with 15-24 years).
- Gender.
- Educational background (no formal qualifications, School Certificate/NCEA level 1, and UE/NCEA levels 2-3/trade certificates, compared with university qualifications).
- 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).

Statistically significant differences ($p < .05$) are reported.

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Detailed Findings

Is being Smokefree part of the New Zealand way of life?

In 2010, around one-half (51%) of respondents either 'agreed' (36%) or 'strongly agreed' (15%) that **being Smokefree is part of the New Zealand way of life**. Around one-quarter (24%) 'neither agreed nor disagreed' (see Figure 1).

The overall mean agreement score (\bar{x}) was 3.37 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers (\bar{x} =3.62), compared with current smokers (\bar{x} =2.85) and past smokers (\bar{x} =3.37).
- Pacific (\bar{x} =3.60) and Asian (\bar{x} =3.73) people, compared with those of European/Other ethnicity (\bar{x} =3.34).
- People living in neighbourhoods of low deprivation status (\bar{x} =3.50), compared with those living in neighbourhoods of high deprivation status (\bar{x} =3.22).
- There were no differences by age, gender, educational level, or parent/caregiver status.

Should cigarettes and tobacco be sold in 10 years time?

In 2010, around two-fifths (43%) 'agreed' (23%) or 'strongly agreed' (20%) that **cigarettes and tobacco should not be sold in New Zealand in 10 years time**. Over one-

quarter (27%) of respondents 'neither agreed nor disagreed' (see Figure 1).

The overall mean agreement score (\bar{x}) was 3.25 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers (\bar{x} =3.55), compared with current smokers (\bar{x} =2.43) and past smokers (\bar{x} =3.34).
- Pacific people (\bar{x} =3.65), compared with those of European/Other ethnicity (\bar{x} =3.20).
- Females (\bar{x} =3.36), compared with males (\bar{x} =3.13).
- There were no differences by neighbourhood deprivation status, age, educational level, or parent/caregiver status.

Should cigarettes and tobacco be sold in five years time?

In 2010, around one-third (35%) of the respondents 'agreed' (21%) or 'strongly agreed' (14%) that **cigarettes and tobacco should not be sold in New Zealand in five years time**. Around one-third (30%) 'neither agreed nor disagreed' (see Figure 1).

The overall mean agreement score (\bar{x}) was 3.05 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers (\bar{x} =3.37), compared with current smokers (\bar{x} =2.28) and past smokers (\bar{x} =3.08).

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- Pacific (\bar{x} =3.46) and Asian (\bar{x} =3.41) people, compared with people of European/Other ethnicity (\bar{x} =2.99).
- Females (\bar{x} =3.16), compared with males (\bar{x} =2.93).
- There were no differences by neighbourhood deprivation status, age, educational level, or parent/caregiver status.

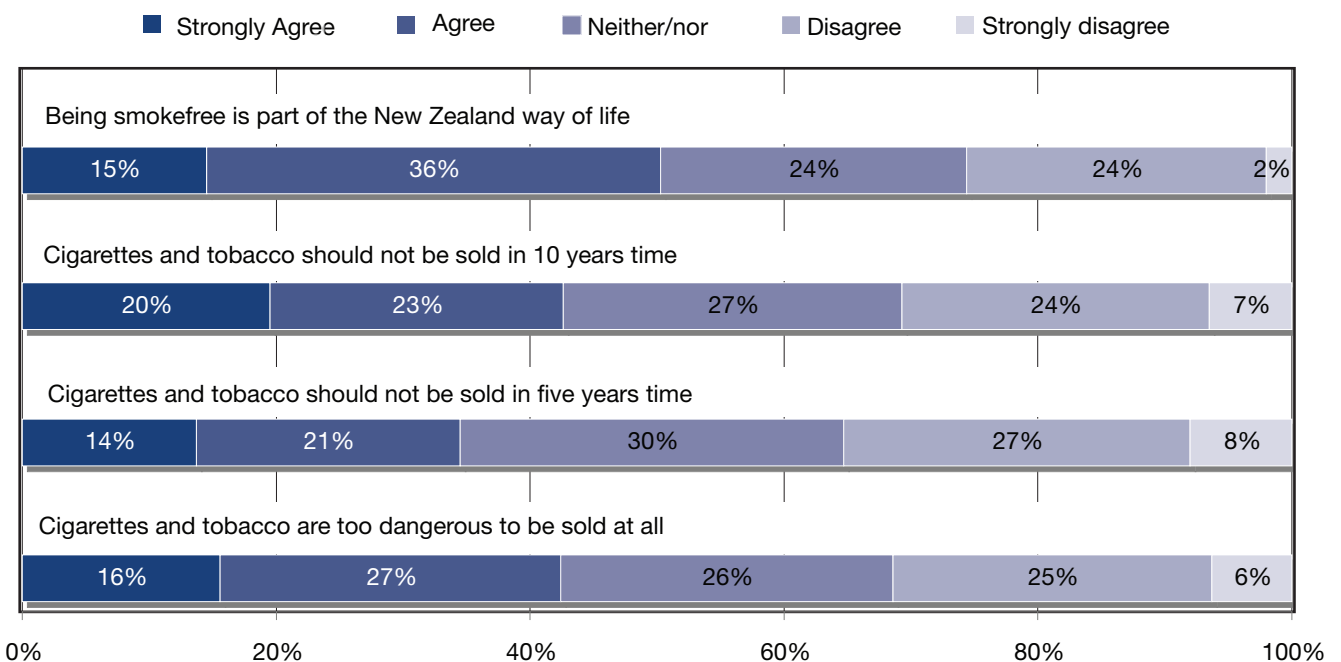
Should cigarettes and tobacco be sold at all?

In 2010, around two-fifths (42%) of respondents 'agreed' (27%) or 'strongly agreed' (16%) that **cigarettes and tobacco are too dangerous to be sold at all**, while around one-quarter (26%) 'neither agreed nor disagreed' (see Figure 1).

The overall mean agreement score (\bar{x}) was 3.20 (out of 5). Respondents who were more likely to agree with this statement were:

- Never smokers (\bar{x} =3.39), compared with current smokers (\bar{x} =2.70).
- Pacific people (\bar{x} =3.75), compared with people of European/Other ethnicity (\bar{x} =3.12).
- Females (\bar{x} =3.32), compared with males (\bar{x} =3.08).
- There were no differences by neighbourhood deprivation status, age, educational level, or parent/caregiver status.

Figure 1. Public opinion about the idea of a tobacco free New Zealand



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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. The significance level used for statistical analyses was set to $\alpha=0.05$.
- A full description of the 2010 HLS survey methodology 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

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