In Fact

research facts from the HPA



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Young people's awareness of 'Smokefree 2025' — 2014

Background

In March 2011, the New Zealand Government committed to a goal of New Zealand becoming smokefree by the year 2025, where less than 5% of the population smokes (The New Zealand Government, 2011). To regularly monitor public opinions about tobacco control and aid the development of appropriate health promotion strategies, the Health Promotion Agency's (HPA's) Youth Insights Survey (YIS) monitors Year 10 students' behaviours, attitudes and knowledge on a range of tobacco-related topics, including the 'Smokefree 2025' goal.

Methodology

Participants in the 2014 YIS were asked about whether they were aware of the 'Smokefree 2025' goal, and if they thought many people would still be smoking in the year 2025. Responses to these questions were examined by smoking status¹, ethnicity, gender and school decile status. See the 'About the Youth Insights Survey' section for more detail and the relevant comparison groups.

Smoking status was not controlled for when looking at subgroup differences by gender, ethnicity and school decile status, as awareness of 'Smokefree 2025' did not differ by smoking status (see next section).

Further analyses were undertaken to examine changes over time as these questions were also asked in 2012. Only those differences between groups that were statistically significant (p < .05) are reported.

Awareness of Smokefree 2025

All participants were asked, "The government has a goal of a Smokefree New Zealand/Auahi Kore Aotearoa by 2025.

This means that the country would essentially be smokefree, meaning that less than 5% of the population would be smokers. Before today, were you aware of this goal?" Just over one-third (36%, 33-38%) were aware of the goal. One-half (49%, 47-51%) were not aware of the goal and 15% (13-17%) didn't know.

Those more likely to be aware of the 'Smokefree 2025' goal were:

- non-Māori (37%), compared with Māori (32%)
- males (39%), compared with females (32%)
- young people attending high decile schools (40%), compared with those at low decile schools (30%).
 The rate for young people attending mid decile schools was 36%.

Young people who think hardly anybody will be smoking by 2025

All participants were asked whether they agreed or disagreed with the statement that, "By 2025, hardly anybody will be smoking". One in seven (14%, 12-15%) agreed, while the majority disagreed (50%, 47-52%) or didn't know (36%, 35-38%).

Males (17%) were more likely than females (10%) to agree that by 2025 hardly anybody will be smoking.

Time trend from 2012-2014

Young people in 2012 and 2014 were equally aware of the 'Smokefree 2025' goal. However, young people in 2014 (14%) were less likely to agree that hardly anybody will be smoking by 2025 than young people in 2012 (18%).



Never smokers, current smokers (smoke at least monthly), and ex-smokers (no longer smoke) and experimental smokers (smoke less often than monthly).

Key points

- Around one in three young people were aware of the Government's 'Smokefree 2025' goal. Those who were more likely to be aware of the goal were non-Māori, male or attending a high decile school.
- One in seven young people thought that hardly anybody will be smoking by 2025, with males being more likely to agree than females.
- Young people in 2014 were less likely to agree that hardly anybody will be smoking by 2025 than young people in 2012.

References

The New Zealand Government (2011). Government response to the report of the Māori Affairs Committee on its inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. (Final Response). Presented to the House of Representatives in accordance with Standing Order 248. Wellington: New Zealand Government.

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 the Health Promotion Agency (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, media use, and responses to tobacco control initiatives. It monitors a broad spectrum of risk and protective factors that relate to smoking uptake among young people.
- The 2014 YIS was conducted with a sample of 2,919 Year 10 students (14 to 15-year-olds). The school-level response rate was 76%, the student level response rate 84%, and the overall response rate was 64%. The sample included 1,352 NZ European, 700 Māori, 321 Pacific, 353 Asian, and 193 people of 'Other' ethnicity (prioritised ethnicity). Eight percent (n=218) were current smokers (smoke daily, weekly or monthly).

- The data have been adjusted (weighted) to ensure they are representative of the population of New Zealand Year 10 school students.
- For this analysis, jack-knife 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.
- Comparison groups for these analyses were as follows:
 - Smoking status (current smokers, compared with ex/experimental smokers and never smokers).
 - Ethnicity (Māori, compared with non-Māori).
 - Gender (females, compared with males).
 - School decile status (as a measure of socioeconomic status: low school decile, compared with middle and high; where low school decile has the greatest proportion of students from low socioeconomic status).
- A full description of the 2014 YIS methodology and further YIS publications can be found at http://www.hpa.org.nz/research-library/research-publications.

About the 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, prevent disease, illness and injury. HPA enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm.

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