Smoking behaviour among schoolchildren in Ireland

The Health Behaviour in School-aged Children (HBSC) is a research study conducted by an international network of research teams in collaboration with the World Health Organisation (Europe) and co-ordinated by Dr Joanna Inchley of the University of St Andrews. This factsheet is based on data collected in 2014 from 10,368 10-17 year olds in Ireland from randomly selected schools throughout the country.

Further information is available at: http://www.hbsc.org http://www.nuigalway.ie/hbsc

The HBSC Ireland Team, Health Promotion Research Centre, NUI Galway

Overall percentages for HBSC 2014 and HBSC 2010 in this factsheet have been weighted.

Summary
In this factsheet current smoking is defined as smoking tobacco monthly or more frequently. The proportion of children who report current smoking has decreased slightly between 2010 (12.3%) and 2014 (8.3%). More boys (8.2%) than girls (7.1%) report that they are current smokers. Rates of current smoking are higher among older children than younger children (1.3% of 10-11 year olds; 4.3% of 12-14 year olds; 13.8% of 15-17 year olds). The decline in current smoking since 2010 is larger in the two older age groups. Those living with both parents and those who report finding it easy to talk to their mother and to their father about things that really bother them are less likely to report current smoking. Children who report spending four or more evenings out with friends per week and those who report feeling pressured by their schoolwork are more likely to report current smoking. Social class is not associated with current smoking.

Why this topic?
Tobacco use is a leading cause of premature death and preventable illness worldwide. In Ireland, approximately 5,200 people die each year from diseases caused by smoking. In recent years, the prevalence of cigarette smoking has decreased in schoolchildren in Ireland, similar to other countries. However, the prevalence of current smoking and initiation rates of smoking during childhood remains high.

Change 2010-2014
There has been a slight decrease in the proportion of children who report that they are current smokers from 12.3% in 2010 to 8.3% in 2014. This slight decrease is seen in both boys (11.6% to 8.2%) and girls (11.5% to 7.1%), and across all age groups; 10-11 year olds (2.2% to 1.3%), 12-14 year olds (7.0% to 4.3%) and 15-17 year olds (21.1% to 13.8%).

Smoking behaviour in context
- Children who live with both parents are less likely to report current smoking (61.3% vs 77.4%) as are those who report that they find it easy to talk to their mother (65.5% vs 83.6%) and their father (52.5% vs 69.6%).
- Children who report spending four or more evenings out with friends per week are more likely to report current smoking than those who do not (47.3% vs 31.8%).
- Children who report liking school are less likely to report current smoking compared to those who do not (43.3% vs 75.2%), while those who report feeling pressured by their schoolwork are more likely to report current smoking compared to those who do not (52.4% vs 42.2%).
- Social class is not associated with current smoking.

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All factsheets and other HBSC publications and reports can be downloaded from our website: http://www.nuigalway.ie/hbsc

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International

Fifteen year old schoolchildren in Ireland (boys and girls together) are ranked 37th among 42 countries in Europe and North America with 10.8% reporting that they currently smoke. The countries with the highest rates of current smoking are Greenland (54.9%) and Bulgaria (29.3%). Countries with the lowest rates are Armenia (3.3%) and Iceland (5.4%). Overall, 1.9% of 11 year olds in Ireland (rank 12th) and 3.9% of 13 year olds in Ireland (rank 32nd) report being current smokers1.

Implications

Current smoking has decreased slightly in schoolchildren in Ireland since 2010. Rates of smoking are relatively low across all age groups in Ireland when compared to other European and North American countries. The data presented in this factsheet suggests that having good communication with parents may have a protective effect, whereas feeling pressured by schoolwork may increase the likelihood of smoking. These contextual and relationship factors deserve increased attention as do good quality cessation programmes for adolescents.

References


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