

HBSC IRELAND

The Health Behaviour in School-aged Children (HBSC) is a research study conducted by an international network of research teams¹ in collaboration with the World Health Organisation (Europe) and co-ordinated by Dr Joanna Inchley of the University of Glasgow. This factsheet is based on data collected in 2018 from 12,002 10-17 year olds in Ireland from randomly selected schools throughout the country².

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



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN
ÉIREANN/IRELAND



NUI Galway
OĒ Gaillimh

Summary

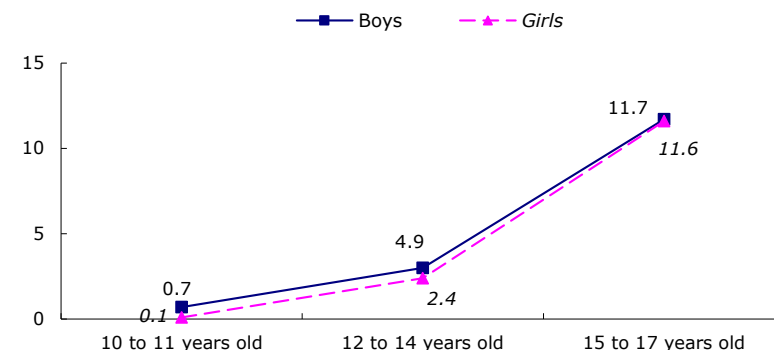
Overall (5.3%) of boys and (5.2%) of girls report that they are current smokers. Rates of current smoking are highest among older children (0.4% of 10–11 year olds; 2.7% of 13-14 year olds; and 11.6% of 15-17 year olds). The proportion of children who report current smoking has decreased between 2014 (8.3%) and 2018 (5.3%). There has been a decline in reported smoking in all age groups. Those living with both parents, those who report finding it easy to talk to their mother and to their father about things that really bother them, and those who report liking school 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. In this factsheet current smoking is defined as smoking tobacco monthly or more frequently.

Why this topic?

Tobacco use is an epidemic, killing more than 8 million people each year globally. Half of all smokers die prematurely from smoking-related diseases³. There is no safe level of tobacco exposure. Protecting children and young people from tobacco is essential to meeting Sustainable Development Goal 3 on good health and wellbeing⁴. In line with the WHO Framework Convention on Tobacco Control⁵, the Tobacco Free Ireland Policy 2013-2025⁶ aims to protect children from tobacco exposure and reduce smoking to less than 5% by 2025.

Change 2014-2018

There has been a decrease in the proportion of children who report that they are current smokers from 8.3% to 5.3% in 2018. This decrease is seen in both boys (8.2% to 5.3%) and girls (7.1% to 5.2%), and across all age groups; 10-11 year olds (1.3% to 0.4%), 12-14 year olds (4.3% to 2.4%) and 15-17 year olds (13.8% to 11.6%).



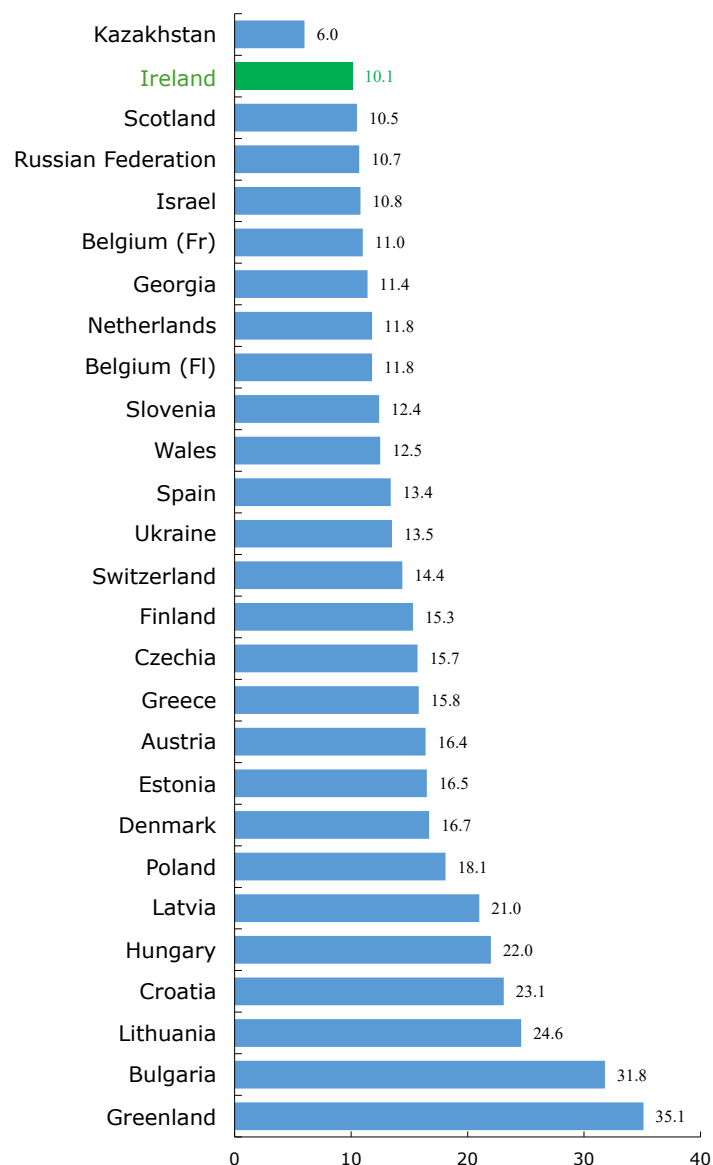
Percentage of children who report current smoking, by age and gender

Smoking behaviour in context

- Children from higher social class groups are less likely to report current smoking compared to those in middle and lower social class groups (4.2% of social class 1-2; 5.4% of social class 3-4; and 6.4% of social class 5-6)
- Children who live with both parents are less likely to report current smoking compared to children living in other households (4.2% vs. 8.2%)
- Children who report that they find it easy to talk to their mother are less likely to report current smoking compared to those who do not find it easy (3.8% vs. 11.3%). The same pattern holds for ease of talking to father (3.5% vs. 7.8%)
- 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 spend as many evenings out with friends (7.1% vs 4.4%)
- Children who report liking school are less likely to report current smoking compared to those who do not (3.0% vs 10.8%), while those who report feeling pressured by their schoolwork are more likely to report current smoking compared to those who do not (6.9% vs 4.0%).

...Smoking behaviour among schoolchildren in Ireland

Percentage of 15 year olds who report current smoking, by country



International

Fifteen year old schoolchildren in Ireland (boys and girls together) are ranked 26th among 27 countries in Europe with 10.1% reporting that they are current smokers¹.

Implications

Smoking rates are relatively low among all age groups of children in Ireland¹ when compared to European and North American countries¹, and have been decreasing over time⁷. However, any tobacco exposure in childhood is a child rights issue and deserves to be addressed⁴. The WHO MPOWER evidence-based approach to tobacco elimination⁸, should be supplemented by understanding the social context of children's smoking particularly their relationships with family and friends, and their school experiences.

References

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