Title: Parental pro-smoking practices and smoking susceptibility among children in Hong Kong

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30 days. Any unhealthy weight control behaviour was defined as any of: self-reported fasting for 24 hours or more; taking diet pills, powders, or liquids without a doctor’s advice; or inducing vomiting or taking laxatives during the past 30 days. Data were also collected on perceived overweight and having ever used drugs. Multiple logistic regression models were fitted to assess the association between daily smoking and several behaviours commonly used among adolescents to lose weight, controlling for age, gender, race/ethnicity, drug use and perceived overweight.

Results: Adolescents who smoked daily had higher odds of engaging in any unhealthy behaviours to lose weight (OR=1.92, 95% CI: 1.47-2.50). The association was especially significant for fasting, as adolescents who smoked daily had 2.22-fold increased odds (95% CI: 1.71-2.88) of going without eating for 24 hours or more in order to lose weight or to keep from gaining weight. For vomiting or taking laxatives, smokers had an OR of 1.76 (95% CI: 1.25-2.46). However, the association between tobacco smoking and taking diet pills was not statistically significant (OR=1.32, 95% CI: 0.92-1.89).

Conclusion: Students who smoked daily were more likely to engage in unhealthy behaviours to lose weight. This might indicate a complex relationship between tobacco use and weight control in adolescence, which further complicates efforts to prevent smoking and obesity among adolescents.

PD-1313-21 Parental pro-smoking practices and smoking susceptibility among children in Hong Kong

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3Department of Health in 2012/13, 7 were randomly selected and 1255 primary 2-4 students (mean age 8.5±0.02, 42.8% boys) completed an anonymous self-administered questionnaire. Fifteen specific items of PPP in the past 30 days were grouped into 4 types: (1) hearing parents saying students could smoke, certain cigarettes tasted good, something against tobacco control, harms of smoking cessation or benefits of smoking; (2) seeing parents’ cigarette packs at home, or seeing parents buying cigarettes or smoking; (3) helping parents buy/get cigarettes, get lighters/light cigarettes, or get/clean ashtrays; (4) having cigarettes from parents. Students unable to assert that they would not smoke in the next 12 months, when grown up or when cigarettes were offered by good friends were defined as susceptible to smoking. Logistic regression yielded adjusted odds ratios (AORs) of smoking susceptibility for the 4 types of PPP, adjusting for socio-demographic characteristics (sex, age and number of bedrooms), parental smoking and school clustering effect.

Results: Prevalence of smoking susceptibility and any PPP exposure was 17.9% and 50.2%, respectively. Having cigarettes from parents was reported by 1.2% of students and was associated with an AOR (95% CI) of 6.62 (3.02-14.48) for smoking susceptibility, compared to no cigarette from parents. The corresponding figures were 12.5% and 2.86 (2.08-3.93) for assistance to parental smoking, 21.4% and 1.64 (1.11-2.41) for hearing pro-smoking messages, and 34.6% and 1.02 (0.67-1.57) for seeing cigarette packs or smoking-related behaviours, compared to no exposure to the respective PPP. The AOR (95% CI) of any PPP exposure for smoking susceptibility was 1.82 (1.38-2.41), and increasing PPP exposure was associated with smoking susceptibility with a dose-response relationship (P for trend<0.001).

Conclusion: Smoking susceptibility in children was associated with the number of PPP with a dose-response relationship, and particularly for PPP of having cigarettes from parents, assistance to parents’ smoking and hearing pro-smoking messages from parents. Parents should quit smoking and avoid exposing children to a pro-smoking environment.