

Setting a good example? Smoking amongst key occupational groups

January 18 2012

(Medical Xpress) -- A new study published by researchers from University of Otago, Wellington has found that smoking rates have declined rapidly amongst many occupational groups over the last 25 years.

However, among some key 'role model' occupations smoking rates remain high. The researchers suggest that targeted support to help them give up smoking should be considered.

The research from the ASPIRE 2025 research collaboration has been published in the journal *Nicotine and Tobacco Research*. It describes smoking prevalence by [occupational groups](#), which may be role models in society, using data from the 1981 and 2006 censuses.

The five 'role model' occupational categories cover a range of 32 different jobs: teachers, uniformed services, health professionals, entertainers and sports people, and other public figures and professions.

"The aim was to look within five occupational categories which act as role models for children and others, compare smoking rates with the average for all occupations in NZ, and rates of decline across the occupational groups," says lead researcher and director of ASPIRE 2025, Professor Richard Edwards.

Smoking rates in 2006 ranged from over 45% for kohanga reo teachers to under 4% for doctors. For most of the ['role model'](#) occupations,

including many health professionals and over 60,000 primary and secondary teachers, the researchers found that around 10% or less now smoke – far below the national average of 22% in 2006 for all employed people.

Others such as prison officers (28%), nurse aides (27%), the armed forces (25%), social workers (23%), hospital orderlies and ambulance officers (24%), professional sportspeople (21%), teacher aides (21%), and actors, dancers and singers (20%) had smoking rates close to or above the national average.

“One of the possible reasons for higher than average smoking rates is the influence of socio-economic factors, as lower income jobs within the same occupational categories tend to have the highest smoking prevalence,” Professor Edwards says.

However, most of the occupational groups showed marked declines in smoking prevalence between 1981 and 2006. For example, [health professionals](#), the uniformed services and sports and entertainment occupations more than halved their smoking rate over that period.

Maori had significantly lower declines in smoking rates for all five occupational groups compared to non-Maori. Maori teachers (25% smoking prevalence in 2006) had a relative reduction in smoking rates of 21% compared to 51% for non-Maori teachers (9% smoking prevalence in 2006).

“There’s been a major decline in smoking in many health jobs, as well as for most teachers, lecturers, ministers of religion and lawyers, where prevalence has reduced to less than 10%, compared to a national average of 21.7%. So it can be done,” says Professor Edwards.

He noted that whilst overall the picture is very positive some of the

results are concerning, and further research would be useful to determine the reasons for the persistence of smoking in certain occupations, particularly in relation to Maori.

“Very high rates of smoking amongst kohanga reo [teachers](#) is of particular concern. It suggests that support to help smokers to quit should be targeted at occupational groups that have high [smoking rates](#) and who may influence children, young adults and smokers – for example through their position of authority or high visibility in the community. Addressing smoking among key occupations will be an important factor to achieve the government’s goal of reducing [smoking](#) to near zero by 2025.”

Provided by University of Otago

Citation: Setting a good example? Smoking amongst key occupational groups (2012, January 18) retrieved 23 April 2024 from <https://medicalxpress.com/news/2012-01-good-key-occupational-groups.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.