Article

Australian parents' perceptions of the risks posed by harmful products to the health of children

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Abstract

Cigarettes, alcohol, vaping and gambling products can cause significant harm to children and young people. The industries that make these products employ a range of tactics that aim to normalize their products and resist policy and regulatory reform. This includes 'responsibility' framing, in which parents are often held responsible for educating their children about the risks of these products. However, there has been very little research, which has investigated parents' perceptions of these industries. A qualitatively led online panel survey was conducted with *n* = 455 Australian parents who had at least one child aged between 11 and 17 years. Participants were asked questions relating to concerns about harmful products; what they talked about with their children; other potential sources of risk information; and who were responsible for protecting young people from these industries. Four themes were constructed. (i) Parents identified that parental influence, peer pressure, social media and advertising influenced children's attitudes towards these products. (ii) They had concerns about the short- and long-term consequences of these products. (iii) Parents actively engaged in educating their children about these products but recognized that it was difficult to counter industry messages. (iv) Parents emphasized the need for a collective approach, advocating for increased information and government regulations, particularly relating to marketing. This study demonstrates that parents are concerned about these industries and do their best to protect their children from harm but recognize that they need more support. Evidence-based education and comprehensive regulations particularly around marketing are needed to de-normalize products and protect young people.

Key words: parents, young people, harmful industries, gambling, alcohol, vaping, tobacco, Commercial Determinants of Health, public health, qualitative

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Contribution to Health Promotion

- Parents have concerns for their children about the short- and long-term health and social consequences of harmful products.
- Parents were trying to educate their children about the risks associated with harmful products but found it difficult to counter the positive messages that their children were exposed to.
- Parents acknowledged their own responsibility for protecting their children from harm, however, they wanted greater support and believed that a collective approach was needed to protect children from harm, including government regulation.
- Parents may be internalizing the personal responsibility rhetoric driven by harmful industries. A range of comprehensive public health strategies are needed to de-normalize these products to protect communities.

INTRODUCTION

Harmful industries manufacture and market products that pose substantial health risks and which can have a significant burden on the well-being of populations (Knai *et al.*, 2021; Gilmore *et al.*, 2023). These include long-established industries with well-known health harms, such as cigarettes and alcohol, and more contemporary commodity products such as vapes (e-cigarettes) and online gambling (McKevitt *et al.*, 2023). Recent frameworks, which explore the Commercial Determinants of Health (CDoH), have highlighted that commercial practices may impact on population groups in different ways, and are strongly linked to equity, agency and structure (Gilmore *et al.*, 2023; McCarthy *et al.*, 2023).

These frameworks reveal how groups with less wealth and power are increasingly targeted by health harming industries, particularly through aggressive marketing tactics (Gilmore *et al.*, 2023). Researchers have argued that children and young people are particularly vulnerable to the negative impacts of these CDoH (Thomas *et al.*, 2023b; Pitt *et al.*, 2024a) and that the products and corporate practices of these industries pose a significant public health threat to their current and future health and wellbeing (Clark *et al.*, 2020). Despite this, research shows that children and young people are not only exposed to and targeted by harmful industries but are also used within the public relations strategies of these industries in their efforts to prevent and resist regulatory reform (Richards

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et al., 2015; Pitt *et al.*, 2024a). This includes how these industries focus on who is responsible for the prevention of harms in relation to children and young people, and the strategies that may be used to achieve this (Yoon and Lam, 2013; van Schalkwyk *et al.*, 2022b).

Harmful industries also use a range of strategies to deflect blame from the risks posed by their products, increase positive attitudes towards their products, and avoid regulatory reform (Mialon and McCambridge, 2018; Maani *et al.*, 2022; Pitt *et al.*, 2024c). One of these strategies is the framing of harm as an issue of personal responsibility and informed choice, and that risks are largely preventable via a range of education programs (Friedman *et al.*, 2015; van Schalkwyk *et al.*, 2021). This framing emphasizes that harmful industries provide a product or service and that it is up to an individual to engage in their products safely and responsibly (Miller *et al.*, 2016; Maani and Petticrew, 2018). When harmful industries push the narrative that there is a 'right' and 'wrong' way to engage with their products, this often deflects from the need for comprehensive regulations that restrict products and their promotions (Adams, 2013), and instead calls for more education so that individuals can 'make better choices' (Howse *et al.*, 2021; Jacobson, 2016). While most of these messages are targeted at adults, some of this responsibility framing is presented in initiatives aimed at children and young people through school-based education initiatives which largely serve industry interests and promote their products (van Schalkwyk *et al.*, 2022a; van Schalkwyk *et al.*, 2022b).

Parental attitudes and behaviours towards harmful products such as tobacco, vapes, alcohol and gambling can have an influence on their children's attitudes and behaviours towards these products (Pitt *et al.*, 2017; Tael-Öeren *et al.*, 2019; Trucco *et al.*, 2021). Parents are also tasked by harmful industries with teaching their children to be 'responsible' in relation to harmful products, including taking responsibility for educating children about the risks associated with these products (Coombs *et al.*, 2011; Mialon and McCambridge, 2018; van Schalkwyk *et al.*, 2022a). For example, from the mid-1990s, the tobacco industry argued that 'It is the responsibility of every parent to encourage their children to make proper choices about lifestyle decisions' (Jacobson, 2016). Alcohol industry-funded education campaigns have focused on the 'critical role of parents', indicating that parents are to blame for underage drinking due to the influence of parental drinking behaviours (Stark, 2008; Jones *et al.*, 2016), and promoted messages such as 'Kids absorb your Drinking' and 'Kids and Alcohol Don't Mix' (Carah and van Horen, 2011; Jones *et al.*, 2016). However, parents are also exposed to and influenced by the positive messages that they see for many of these harmful products, and may not be fully aware of all the risks and harms associated with these products (van Schalkwyk *et al.*, 2022a), including the extent to which children and young people are exposed to these products and their associated marketing (Driessen *et al.*, 2022).

Parents' views are also important because of their ability to advocate for governments to implement policies and strategies aimed at improving the health and well-being of children and young people. To date, research in this area has focused on parent perceptions of policy responses to unhealthy food marketing (Carters-White *et al.*, 2022; Ravikumar *et al.*, 2022; Nuss *et al.*, 2023), with a few studies also investigating parents' attitudes towards gambling advertising (Pitt *et al.*, 2016; David *et al.*, 2020). While these studies show that

parents are broadly supportive of increased regulatory restrictions on harmful product marketing, they still perceive that they play a crucial role in their children's education about, and consumption of, harmful products (Carters-White *et al.*, 2022). What is less clear from current research is how parents conceptualize the impact of a range of harmful industries on the health and well-being of children and young people, their perceptions of responsibility for the risks and harms posed by these industries and strategies to respond. Understanding how parents conceptualize these influences can help with advocacy initiatives aimed at protecting children and young people from harmful industry tactics. This information can also help to identify and inform targeted interventions for parents—such as critical health literacy initiatives that inform them about the strategies and tactics of harmful industries and the impact of these on children and young people.

This study aims to understand parents' perceptions of the risks associated with harmful addictive products that are unable to be consumed by children until they reach a legal age of consumption—cigarettes, alcohol, vaping, and gambling products. The research was guided by four research questions:

(i) What do parents perceive are the range of factors that influence children and young people's risk perceptions and behaviours in relation to these products?
(ii) What are parents' key concerns about these products?
(iii) To what extent do parents think they should be responsible for educating and shaping their children's risk perceptions and behaviours with harmful products?
(iv) What are the range of strategies that parents think could be used to counter these industries and their products to protect the health and well-being of children and young people?

METHODS

Approach

This study adopted a public health approach by considering a population-level perspective on the parental concerns of harmful products for their children. A public health approach acknowledges the range of factors influencing children and young people's engagement with harmful products, considering the individual, social, environmental, commercial and political factors that shape young people's attitudes and behaviours. The findings presented in this paper were part of a broader study investigating parents' attitudes and opinions towards the practices of addictive consumption industries and their products (cigarettes, alcohol, vapes/e-cigarettes and gambling products). These four industries were chosen because they are considered 'adult' products as they can only be legally purchased by Australians over the age of 18 years and they have significant negative health and social impacts on communities, particularly young people. At the time of the study, there was also significant media and political debate relating to new and emerging products such as vapes (Parliament of Australia, 2024) and gambling (Standing Committee on Social Policy and Legal Affairs, 2023), and the impact these products and their promotions could have on children and young people. A qualitatively led online survey was used to collect data for the study (Thomas *et al.*, 2024b). These types of studies have been previously utilized for research that effectively

examined attitudes towards harmful industries (Miller *et al.*, 2021; Marko *et al.*, 2022; Arnot *et al.*, 2023b; Nuss *et al.*, 2023). Online qualitative surveys offer several advantages, such as being cost-effective and reaching a large sample size in a short period with no geographical constraints compared with traditional face-to-face interviews (Thomas *et al.*, 2024a). Along with providing a fast method of collecting qualitative data, the anonymity of online qualitative surveys reaches those who otherwise might be reluctant to participate in traditional qualitative studies and helps to reduce power dynamics between the researcher and participant (Neville *et al.*, 2016). The open-text questions in these surveys result in shorter textual responses than in traditional qualitative studies; however, researchers argue that this still provides rich data and is particularly useful for under-explored areas of research from a broader and more diverse sample (Braun *et al.*, 2017; Braun *et al.*, 2020). This is due to the larger number of participants that are recruited and the variety and diversity of responses that can be gained from such surveys. Lower than high-risk ethical approval for this study was obtained from Deakin University (HEAG-H 158_2022).

Sample and recruitment

The inclusion criteria for this study were people who identified as a parent of at least one child aged 11–17 years, living in Australia, with English proficiency skills that could enable them to comfortably complete the survey. To ensure a diverse range of experiences, soft quotas were used for gender and geographical locations across Australia. The sample size of ~500 was used as it is similar to other surveys the research team have conducted (McCarthy *et al.*, 2018; Arnot *et al.*, 2023b; Pitt *et al.*, 2023), which have elicited enough information power to answer the research questions (Malterud *et al.*, 2016). Parents with children aged 11–17 years were selected as research demonstrates that children often initiate the use of these products during these years (Australian Institute of Health Welfare, 2023). While children and young people's attitudes towards and engagement with these products may change during their adolescent years, they are still (with the exception of tobacco) largely exposed to the marketing and promotions for these products in their everyday lives (Sargent and Babor, 2020; Pettigrew *et al.*, 2023; Thomas *et al.*, 2023a).

Recruitment was conducted through a Qualtrics online panel survey, whereby Qualtrics were provided with the study specifications to recruit participants for this study, including the inclusion criteria for potential participants. The study description, the survey link and the time taken to complete the survey were then sent to people who had an account with an online panel company. Participants could then open the survey and read the information to determine if they met the study requirements and were prepared to participate. Once participants had read the Plain Language Statement at the beginning of the survey, participants indicated their consent by clicking the 'next' button and completing the survey. Participants could withdraw from the study by closing their browser at any time. Participants were provided with points for completing the survey, determined by the online panel provider.

Data collection

Data were collected over four weeks in December 2022. Before the survey launch, a 'soft launch' or pilot with ~30 participants was conducted to check the quality of responses, interpretation of the questions and any possible technical errors. Following this, some questions in the study were altered to ensure that they led to more detailed responses. This included amending the phrasing of questions to ensure a more open-ended response and terms and concepts were clarified—for example, 'tobacco' was changed to 'cigarettes'. The survey was then launched. Once the quotas had been achieved, Qualtrics performed an initial quality check of the data, and then, the research team reviewed the data. This quality check ensured that the features were running as intended, that participants could understand the questions, and that it could be completed within 15 minutes. The research team subsequently removed 47 participants due to unreliable data (such as nonsensical responses, responses inconsistent with the questions or entering random characters so that they could proceed to the next question), and new participants were recruited. We also screened all responses from individuals under 35 years old and over 60 years old to ensure that the information that they gave about the age of their child(ren) was plausible when comparing the age of the child to their reported age. We subsequently removed 45 participants including 37 participants aged 18–34 years old, and 7 participants aged 60 years and over. An example of a non-plausible response included an 18-year-old male who said that he had one child aged 17 years old. This process was completed to increase rigour and ensure reliable and consistent data; although the research team recognized that there could be unique situations where this could be true, we decided to remove these participants.

The survey included a range of discrete choice and open text questions. All questions required a response before the participants could move onto the next question. First, the survey began with a brief set of socio-demographic questions such as age, gender, state of residence, level of education and employment status. The broader survey asked participants about the normalization of harmful products, exposure to and concerns about the marketing strategies for each product, and questions relating to who should be responsible for protecting young people from the potential harms associated with these products. In relation to this paper, parents were asked to select the level of concern they had regarding cigarettes, alcohol, vapes and gambling products for their children on a Likert scale (participants could select 'not at all concerned', 'slightly concerned', 'somewhat concerned', 'moderately concerned' or 'extremely concerned') and an open text question asking why they selected that. Participants were asked questions about their discussions (if any) with their children about the potential risks associated with these products, what prompted these discussions and how did their children react, and where they thought their child(ren) might get their information about the risks associated with these products. Finally, the following statement was provided—unhealthy industries, governments and some researchers have argued that parents are 'the most' responsible for telling young people about the risks associated with harmful products and ensuring that their child/children do not engage with harmful products. Parents were then asked what they thought about this statement.

Data analysis

Quantitative data were entered into Statistical Package for the Social Sciences (SPSS), and basic descriptive statistics were calculated relating to the socio-demographics.

Qualitative data were analysed using Braun and Clarke's six steps of Reflexive Thematic Analysis (Braun and Clarke, 2022). Data familiarization included thoroughly reading the data and noting initial points of interest in relation to the research questions. The authorship team met regularly to discuss their interpretation of the data and to reflect and discuss any assumptions. We coded the data, noting semantic and then latent (or more nuanced) labels for the responses to each question. These codes were grouped into broader categories and then grouped into subthemes. These subthemes were then reviewed to identify any overlap and were then grouped into broader themes. We wrote a short definition for each theme and then refined the themes in the process of writing the paper and during the peer-review process.

RESULTS

Socio-demographic characteristics

Table 1 presents the socio-demographic characteristics of the sample. Slightly more males (*n* = 234, 51.4%) participated in the study than females. Just over one-third of the sample (*n* = 192, 42.2%) were aged 35–44 years old, and almost three-quarters (*n* = 340, 74.7%) were residents of New South Wales, Victoria, or Queensland.

Figure 1 presents the level of concern participants had for each product. The majority of parents had at least a slight level of concern about the risks posed by vapes (*n* = 374, 82.2%), alcohol (*n* = 373, 82.0%), cigarettes (*n* = 362, 79.6%) and gambling (*n* = 318, 69.9%) to children. About equal numbers of parents were 'extremely concerned' about the risks of vapes (*n* = 195, 42.9%) and cigarettes (*n* = 193, 42.4%), and similar numbers of parents were 'extremely concerned' about the risks of alcohol (*n* = 111, 24.4%) and gambling (*n* = 126, 27.7%).

Four themes were constructed from the qualitative data.

Factors that influence children's risk perceptions of, and behaviours with, harmful products

Parents perceived that there were a range of influences on their children's risk perceptions and behaviours with alcohol, cigarettes, vapes and gambling. First, some parents reflected on how their own engagement with some of these products could subsequently influence their children. For example, a few parents stated that they did not consume or engage with any of these products in front of their children as they believed that this would minimize the likelihood of their child consuming the product. Other parents were not as concerned about their own use of alcohol and gambling products as they believed that they were setting a healthy example for safe consumption. Parents said they engaged in these products responsibly, only in moderation, and were a good role model for their children. A few parents stated that they explained to their children the reasons they did not engage with these products or indicated that they did not have direct conversations with their children about harmful products and instead 'lead by example'.

> 'I don't have many talks to my children about these things because I lead by example, I show them that you do not need these products in life, and that they are just a waste of money… I'm very well behaved and do follow me and what I do' – 38-year-old, Male, VIC

Table 1: Socio-demographics *n* = 455

Gender	Frequency	Percentage
Male	234	51.4
Female	221	48.6

Age group	Frequency	Percentage
25–34	43	9.5
35–44	192	42.2
45–54	175	38.5
55–64	39	8.6
65+	6	1.3

State/territory	Frequency	Percentage
New South Wales	125	27.5
Victoria	108	23.7
Queensland	107	23.5
Western Australia	46	10.1
South Australia	45	9.9
Tasmania	14	3.1
ACT	6	1.3
Northern Territory	4	.9

Education level	Frequency	Percentage
Below year 10	5	1.1
Year 10	36	7.9
Year 12	77	16.9
Certificate I, II, III, IV	87	19.1
Diploma/Advanced Diploma	62	13.6
Bachelor's degree	115	25.3
Graduate Diploma/Graduate certificate	15	3.3
Postgraduate degree	58	12.7

Employment status	Frequency	Percentage
Working full-time	259	56.9
Work part-time or casually	98	21.5
Homemaker	58	12.7
Retired	13	2.9
Unemployed but looking for work	12	2.6
Full-time student	4	0.9
Other	11	2.4

Second, parents acknowledged the role of peer influences on children. Some parents reported 'peer pressure' and being exposed to these products by friends as potential concerns relating to their children initiating engagement with these products. Parents believed that their children would be more susceptible to using these products if their peers participated. For example, a couple of parents said that they asked their children about their friends' consumption of these products and whether their friends offered them the products:

> 'I ask them if their friends are vaping or drinking and what they would say if they were offered these things by another person' – 52-year-old, Female, NSW

Third, several parents highlighted the influence of media, which included traditional forms of advertising, as well as
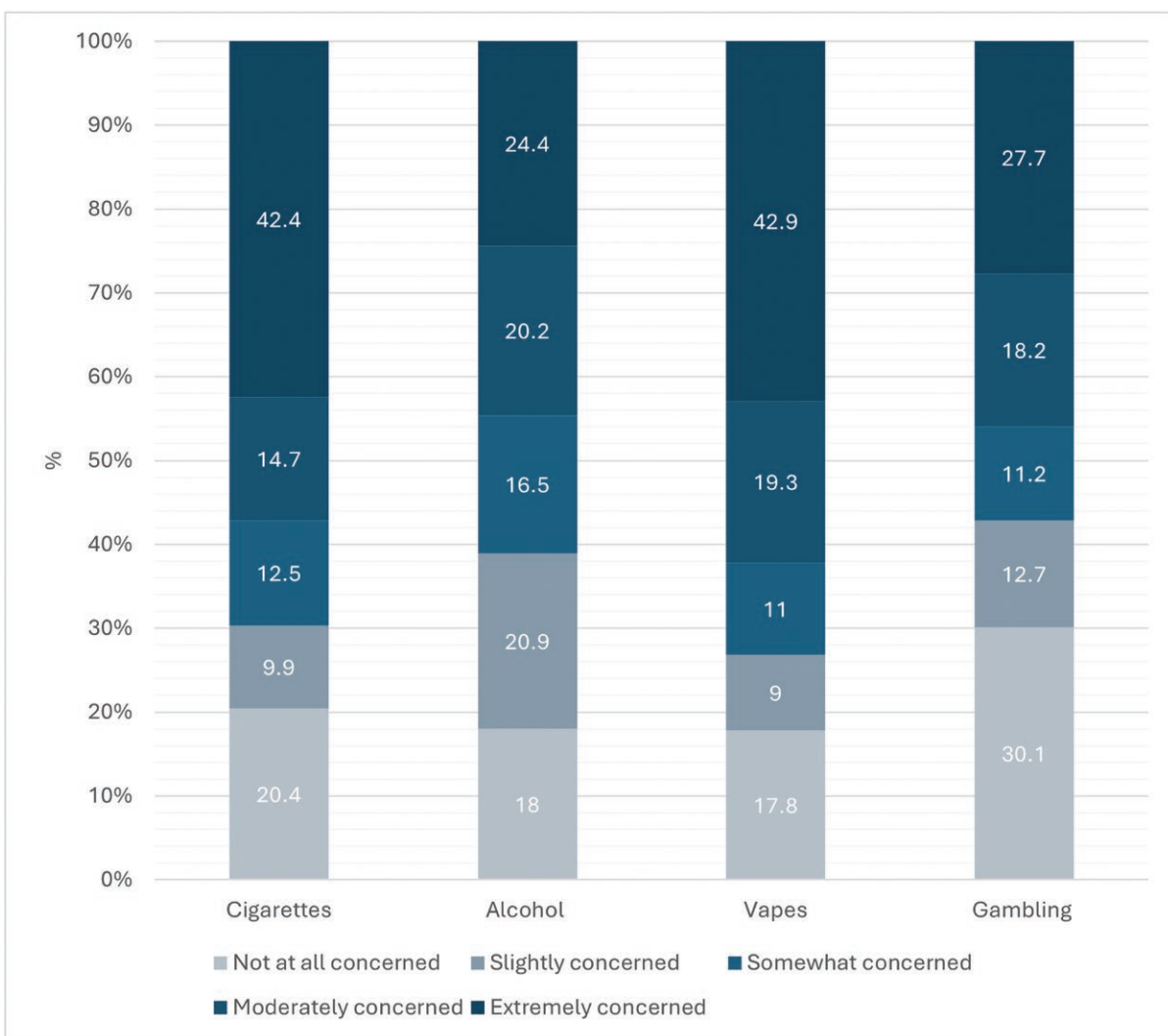
Fig. 1: Parents' level of concern about the impact of alcohol, cigarettes, vapes and gambling on the health and well-being of their own child.

content that appeared on social media, on young people's attitudes towards and engagement with harmful products. Participants recognized that advertising that appeared on different platforms, such as television, and social media, such as Tik Tok and YouTube, was a way that their children might be exposed to promotions for these products. For example, 'TV ads, social media ads and general internet ads'. While some parents thought that the increased access to information through the internet and social media platforms was beneficial for 'the children today', others recognized that it could be a way their children could be exposed to potentially harmful messages about products through the accounts they follow. A few participants specifically mentioned the influence of gambling promotions and how frequently some of these products were advertised, with one parent saying it was 'way too much'. Another parent mentioned that gambling advertising was making children think that gambling was normal:

> 'It's advertised to children every day of the week when they watch their favourite sport stars, so they think it's normal' – 40-year-old, Male, QLD

Finally, some parents recognized that the design and accessibility of products were influential on young people's engagement

with products. A couple of parents mentioned that the design of these products (such as premixed alcohol products and a range of vape flavours) might encourage children to want to try them. Parents were concerned about the accessibility of harmful products. Parents acknowledged that gambling products were 'highly accessible', 'attractive' and 'in your face' and that it was easy for anyone to set up an account. A few parents were also concerned about the accessibility of vapes, saying that they were 'everywhere' and that 'access is so easy' for young people.

The short- and long-term health impacts of children's engagement with harmful products

Parents identified a range of concerns relating to cigarettes, alcohol, vapes and gambling for their children. These concerns centred around short- and long-term health impacts of their child engaging with one of these harmful products. Short-term or immediate consequences ranged from mild concerns, including that their children would 'stink' if they smoked cigarettes, or 'do silly things' when they are drunk. The greatest concern related to the immediate risks posed by alcohol use, particularly the impact on their decision-making and perceptions of risk. For example, parents worried that

their children might put themselves in dangerous situations or make 'stupid decisions' while intoxicated. Some of these parents provided specific examples, such as engaging in violence, being a victim of a crime or driving while under the influence of alcohol:

> 'I worry about my child drink driving, being taken advantage of, or having an accident' – 34-year-old, Female, NSW

Parents were also concerned about the immediate financial impacts of these products on children, particularly for cigarettes, vapes and gambling. For example, some thought that engaging with these products was an 'expensive habit'. This was particularly the case for gambling, which was viewed as 'a waste of money', but also could lead to significant financial losses and problems later in life. Indicating gambling as a concern, one parent mentioned, 'thinking you can make money from gambling' as a potential issue for their children. This was echoed by other parents who were concerned about their children engaging with gambling products as they perceived this could reduce their children's understanding of 'the value of money' and lead to bad financial habits:

> '[Participating in gambling is] bad for learning how to save and use money' – 52-year-old Male, QLD

There were also a range of concerns about the long-term health impacts of these products, including cancer, damage to organs such as the liver and lungs, impacts on brain development and addiction. For example, parents specifically cited that cigarettes were bad for children's lungs and could lead to lung disease, lung damage or lung cancer. Addiction was frequently recalled as another long-term health concern for parents. While this came up for all products, parents mostly reported addiction as a concern relating to children's engagement with gambling and alcohol products. While parents were less aware of the potential long-term consequences of vapes, this did not take away parents' concerns about these products. For example, one parent said, 'It's too new, and the risks aren't fully known yet, but because it's addictive, it won't be good'. Others believed that the health impacts of vapes were 'just as bad as smoking' or were more harmful and addictive than smoking:

> 'I've heard [vaping] is even more harmful than cigarettes, so [I'm] worried about them damaging their lungs' – 28-year-old, Female, NSW

Parents' perceptions about their personal role in educating children about harmful products

There were diverse views from parents about their own responsibility in teaching children about harmful products. This included differing views about their ability to influence behaviours, their attitudes towards different products and the strategies that they used to try to ensure that their children did not engage with these products. Most parents indicated that they had at least informal discussions with their children regarding some or all of these products. The few who did not have discussions with their children about these products believed that role modelling how to engage with products (or not) was more influential. Seeing harmful industry marketing on TV and radio, in sporting matches, and across social media prompted parents to have discussions with their children

about the harms associated with these products. These discussions often centred around the risks associated with products, such as poor health outcomes, that they are addictive and that they are for adults only, and therefore attempted to convince and compel their children to not use these products when they were underage. This included discussing with their children 'the harm factors and why they're dangerous to people' or 'how it can affect them and their development'. A few parents gave firm messages that their children should 'never do them' in relation to all harmful products.

Other parents had different attitudes towards the acceptability of some products over others, resulting in different conversations with their children depending on the product. For example, when discussing alcohol and gambling, some parents mentioned that these products could be consumed responsibly and were okay in moderation. However, cigarettes or vapes were seen as more harmful products. Unlike alcohol or gambling, parents perceived that these products could not be used in moderation without causing harm. Some parents tried to establish rules for their child about the use of products, including that children had to wait until they were 18 years old, or had moved out of their parents' house before engaging in the product:

> 'Simply put. When it comes to alcohol, cigarettes, vapes, and gambling please don't start until you are at least 18 years of age or, move out of home simple' – 54-year-old, Male, SA

Some tried to find out whether their children were already using any of these products. Parents started conversations about risks and harms when their children would make comments about friends or people at school using vapes and cigarettes. One parent also described having conversations with their child about gambling following a request by their child to buy a scratchie. A small number of parents mentioned finding out their child had been smoking or drinking alcohol which led them to have discussions about the harms associated with these behaviours and their rules of not engaging with them while underage:

> 'My daughter was caught at school grounds smoking/vaping when she was 13 years old. The school reprimanded her with a few days suspension and by informing myself via a phone call which devastated me. That was what prompted the discussion. I had to lay down the rules and gave them a choice that if they disobey there will be consequence' – 47-year-old, Female, VIC

Some parents felt the need to justify their own engagement with these products to their children. For example, some parents said that when their child witnessed them engaging with one or more of these products, this would often prompt discussions surrounding the risks involved. For example, a parent or family member's drinking was often cited as a prompt to discuss the risks of alcohol consumption. Other parents took the opportunity to discuss their own negative experiences with the product and would encourage their child not to copy their behaviour. For example, one parent told their children to 'do as I say, not as I do' regarding consuming these products. Some parents suggested that their children learned not to engage with some harmful products by witnessing parental behaviours:

'My daughter has seen firsthand the problems alcohol & drugs, addiction overall from my experience. She is anti-smoking and drinking' – 41-year-old, Female, VIC

A few parents believed that it was the role of parents to be solely responsible for protecting their children from the risks of harmful products. These parents believed that parents were the most trusted and influential figures in their children's lives and should be solely responsible for ensuring their child was 'raised right'. Some of these parents acknowledged that all parenting styles were different and that they did not believe that their child was anyone else's responsibility but their own. However, they did acknowledge that parents also needed more support from community stakeholders such as schools in educating their children about the risks associated with these products. Others said that parents needed more information and education to effectively counter the positive messaging from industries and deter their children from using these products:

'Parents should assist along with school education to supplement this'– 40-year-old, Male, SA

Strategies for protecting young people from the risks associated with harmful products

There was a perception from parents that their children received information about harmful products from their friends and peers. Parents felt that their children were at an age where they were more likely to be influenced by their peers rather than their parents. However, some parents thought that their children's friends would be a poor source of information about the risks associated with these products. Recognizing this influence of peers on young people, many parents suggested that school was a positive environment, which could provide an important opportunity for young people and their peers to receive credible information regarding the harms of these products. Some parents thought that school could already be a place where their children were receiving information about these products, for example health programs such as 'Healthy Harold'. They believed that teachers who they respected could provide accurate information about the risks and counter some of the misleading information being spread among children. Some parents believed that their child would be more likely to listen to their teacher's health information than their parents:

'If there was more education in school or other places [children] would more likely to be inclined to understand or listen' – 37-year-old, Female, NSW

A few parents suggested that the harmful industries that produced these products were the most responsible for protecting children. Some parents acknowledged that there would be no issues for their children if there was no harmful products; however, recognized it would be difficult to shut down these industries completely. Other parents felt that it was 'finger pointing' to blame the parents and that the industries should be held accountable for targeting children:

'This should not take away these unhealthy industries' responsibilities. They should be held accountable for harming young people' – 53-year-old, Male, VIC

Many parents felt that they were unable to counteract the messages that were given by harmful industries. Some parents recognized that if advertisements and media did not promote these products, there would be less work for parents and the community to do to protect children from harm. Parents acknowledged that there was only so much they could do to protect their children as advertisements were shown frequently on television and other media. These parents were supportive of bans or significant restrictions on marketing:

'[Parents are responsible] to an extent, yes, but when the advertising is constant, it makes it hard to get the message across' – 40-year-old, Male, VIC

Some parents reported that their child(ren) received positive information about harmful products on social media, with many influencers with large followings promoting these products. A few parents specifically suggested that social media should introduce regulations so that products were not being promoted to children. A couple of parents recognized that influencers and social media could be used to promote health as they believed their children would be more likely to listen to the advice of sports stars or social media influencers than their parents:

'Social media influencers [are] advertising [these products] and sports players are advertising them, so, for a parent to try and stop or try and explain to the kids that these products are not good, it makes the parent's job extra hard, because the kids just argue back and say that a social media influencer vapes and says it's healthy and they believe [them] because they have so many followers' – 38-year-old, Male, VIC

Several participants stated that it was government decision-making that led young people to be exposed to or protected from the marketing of harmful products. These parents believed that the government was mainly responsible for regulating the promotion of these products and, therefore, had the greatest level of responsibility. Although some parents acknowledged the revenue governments make from these industries, these parents believed that restrictions on marketing enforced by the government would be the most effective solution to prevent the current and future harms posed by a range of harmful products to children's health:

'The industries and governments also have a responsibility [in protecting our children from the harms of these industries], knowing that this advertising and marketing appeals to children and children are exposed to it' – 39-year-old, Male, WA

Many parents acknowledged that a collective approach was needed to prevent the harms from harmful industries, with many using words such as 'everyone', 'everybody' and 'all' were responsible. The following participant drew on the response to tobacco as an example of the effectiveness of multiple stakeholders working together to prevent the harms associated with cigarettes:

'I believe it is a joint problem. As parents, you have an obligation to discuss [the harms] with your children; however, there are times where you cannot control what they see

when they turn on the TV or turn to online platforms to watch things such as sports. It is everyone's responsibility, just as it has been with cigarette smoking' – 47-year-old, Female, SA

DISCUSSION

This study aimed to explore Australian parents' perceptions of the risks associated with harmful products such as cigarettes, alcohol, vaping and gambling products for their children. There were three key areas for discussion.

First, this study found that parents have significant concerns for their children about harmful products. Parents could conceptualize both short- and long-term health and social consequences of cigarettes, alcohol, vapes and gambling products to the health and well-being of their children. However, this study demonstrated that there were some misconceptions regarding the risks associated with some of these products, with some parents perceiving that some products were safer than others. Research from Smith and colleagues highlighted similar concerns with parents more accepting of vapes than cigarettes due to the belief that they were less harmful (Smith *et al.*, 2021). Parents' strong stance regarding cigarettes may result from decades-long comprehensive tobacco regulation within Australia, which contributed to a reduction in the normalization of tobacco products (Wood *et al.*, 2012). This regulation prevented the tobacco industry from being allowed to promote and market conventional cigarettes, eradicating the positive messaging surrounding them. However, while the social acceptance of products may play a role in how parents conceptualize the risks of these products for young people, this may also reflect effective industry tactics to manufacture doubt about the scientific evidence that shows the harms associated with these products and instead spreads misinformation. This is evident in this study as parents discussed varying levels of responsible engagement with these harmful products. Misinformation tactics to minimize the dangers of smoking by the tobacco industry have been well-documented, with researchers suggesting that the practices of the tobacco industry formed a template for other harmful industries to downplay the risks of their products (Reed *et al.*, 2021; Maani *et al.*, 2022). Researchers have raised concerns about the lack of investigation into the role of powerful commercial actors perpetuating misinformation and have questioned whether those who produce harmful products should play a role in communicating health risks with the public (Maani *et al.*, 2022). The comprehensive public health approach taken to counter the tobacco industry and de-normalize cigarettes has led to a consistent decrease in the use of cigarettes, particularly among children and young people (Australian Institute of Health and Welfare, 2022). While the Australian government has acted to restrict the availability of vapes in Australia (Alcohol and Drug Foundation, 2023), there is less willingness by governments to act on products that are much more normalized, such as alcohol and gambling. Policies must aim to counter harmful industry tactics, such as corporate social responsibility (CSR) initiatives and misinformation campaigns, in order to denormalize these harmful products (McCarthy *et al.*, 2024). This includes policies that disrupt positive brand associations and shift public perception to view these products primarily through a lens of harm. Messages should focus on highlighting the risks and health impacts of these products rather than focusing on individual behaviours, as seen with tobacco control measures.

Second, this study shows that parents are trying to talk about the risks associated with harmful products with their children and are actively trying to counteract the positive messages that their children are receiving about these products. Parents were a key source of information for their children, with many parents discussing the dangers of these products with their children. This included conversations about how to engage with these products 'responsibly'. However, they also felt guilty that their own behaviours might influence their children's consumption. This supports evidence that the harmful industries successfully deflect blame and responsibility for children's consumption behaviours onto parents, particularly through CSR strategies such as industry-funded campaigns (Coombs *et al.*, 2011; Mialon and McCambridge, 2018; van Schalkwyk *et al.*, 2022a; van Schalkwyk *et al.*, 2022b). These campaigns deflect the focus from how industries shape attitudes and perceptions of harmful products and place sole responsibility onto the consumer, or for child consumption, onto parents (Coombs *et al.*, 2011; Mialon and McCambridge, 2018). The current findings show that many parents may internalize these personal responsibility messages, which supports the findings of previous research into other adult populations (Howse *et al.*, 2021; Marko *et al.*, 2022). Furthermore, there is strong evidence to suggest that parents' own consumption of harmful products has a significant influence on children's consumption behaviours (Kourgiantakis *et al.*, 2016; Rossow *et al.*, 2016). This study also shows that despite parents understanding that these products involve risk, the industries' messages that normalize these products are much more powerful and consistent. Therefore, relying on parents to solely educate and influence children's consumption behaviours and decisions is unrealistic. There is a need for improved information and education that is evidence-based and available to parents and community members to protect children from harmful industries. This will help to eliminate the conflicting messaging and information children, and the wider community receive.

Finally, parents believed that there were a wide range of stakeholders who should be doing more to protect children from these harmful industries. Parents acknowledged their role in protecting their children but felt as though there were a range of stakeholders that were influencing their children. Parents thought that there should be a comprehensive and collective approach to tackling the harms and tactics associated with these industries. While parents described such actions as a shared responsibility of multiple stakeholders, they acknowledged that governments held the most responsibility to implement (or resist) regulatory change. The current findings support a growing evidence base that indicates that parents are supportive of government initiatives to restrict harmful industries, particularly when associated with reducing children's exposure to marketing (Czaplicki *et al.*, 2020; Thomas *et al.*, 2023b). This study found that parents suggest that collaboration with some stakeholders such as governments and schools, could be effective in protecting children against the harms of these industries. This could include independent (i.e. free from industry funding) evidence-based school education and media campaigns that focus on highlighting product risks and industry behaviours. Stakeholders also need to develop structures that enable children and young people to have direct input into strategies to respond to these issues (Arnot *et al.*, 2023a). This is supported by research that shows that

young people want to see more opportunities to be involved in discussions and decisions that relate to their own health and well-being and believe that young people should be involved in responses that aim to protect communities from the tactics of harmful industries (Arnot *et al.*, 2023b; Pitt *et al.*, 2024b).

Limitations

This study had some limitations which should be noted when interpreting the findings. First, we screened out participants who we concluded had not provided plausible information in relation to their own age and the age of their children. We took a very cautionary approach in making decisions about which participants to include/exclude. The number of participants that were excluded provides an important methodological consideration in relation to data checking for researchers conducting these types of surveys, particularly when there is no way of knowing the identity of the participants who choose to complete these surveys. Second, data were not collected about participants' other children, outside the age range. This may have influenced their perceptions of harm, for example if they were to have other children who were already over the age of 18 years. Third, the qualitative data were not analysed in terms of parent demographics or behaviours. This was considered outside the scope of this study but is something that future research could explore.

CONCLUSION

Parents recognize the risks posed by harmful industries and their products and call for more effective responses to protect children and young people. This includes regulatory reform, strategies to address harmful industry tactics such as 'personal responsibility' framing and misinformation, and dismantling the narrative that parents are solely responsible for educating their children about the associated risks of harmful products. Despite the importance of shifting responsibility to industries, there still exists a need for education (free from industry influence) for parents to help counter existing industry influences and marketing. The public health and health promotion community must help facilitate collaboration and accountability from stakeholders who are well positioned to implement strategies and mechanisms to protect children and young people from harmful industries.

Author contributions

H.P.: Conceptualisation, data collection, analysis, drafting and final revisions of the manuscript. S.M.: Conceptualisation, data collection, analysis, drafting and final revisions of the manuscript. E.M.: Data analysis, drafting and final revisions of the manuscript. G.A.: Conceptualisation, data collection, analysis, drafting and final revisions of the manuscript. S.T.: Conceptualisation, data collection, analysis, drafting and final revisions of the manuscript.

Ethics

Low-risk ethical approval was obtained from Deakin University [HEAG-H 158_2022].

Conflict of interest

The authors have no conflicts of interest. H.P. has received research funding from the Australian Research Council Discovery Grant Scheme, the Victorian Responsible Gambling Foundation, the New South Wales Office of Responsible Gambling, Elevate Strategic, VicHealth and Deakin University. S.M. has received research funding from the Victorian Responsible Gambling Foundation, Elevate Strategic, VicHealth and Deakin University. G.A. has received funding from VicHealth and Deakin University. S.T. has received funding from the Australian Research Council Discovery Grant Scheme, Healthway, the Victorian Responsible Gambling Foundation, the New South Wales Office of Responsible Gambling, Elevate Strategic, and Deakin University. E.M. has no conflicts of interest to declare.

Data availability

The data are not available.

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