

Health and Lifestyle Survey for Northern Ireland 2002



Health
Promotion
Agency

Health and Lifestyle Survey for Northern Ireland 2002

Foreword

This report presents the results of a survey of lifestyle and health behaviours among adults in Northern Ireland. The survey was carried out to investigate these issues among our population and to allow us to compare information with similar surveys carried out in the Republic of Ireland.

We now have the opportunity to look at and compare a range of health issues and behaviours across the island of Ireland. Such information allows us not only to identify the main risk factors for ill health, but also to develop public health and health promotion programmes and to ensure better use of our resources.

The report will therefore be of use and benefit to all those who are working in public health in Northern Ireland and to individuals and organisations developing interventions and initiatives.

A handwritten signature in black ink that reads "Brian Gaffney". The signature is written in a cursive, flowing style.

Dr Brian Gaffney
Chief Executive
Health Promotion Agency for Northern Ireland

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Summary

General health

Overall 78% of respondents felt their general health was excellent, very good or good. Eighty percent also reported very good or good quality of life and 65% were very satisfied or satisfied with their health.

There were no significant differences between men and women in the above measures but there was an inverse relationship with age. Older respondents were more likely to report fair or poor general health, a poor quality of life and to be less satisfied with their health.

'Less stress' and 'a change in weight' were factors which respondents felt would most improve their health. The most important factors which people perceived as preventing them from improving their general health were that they didn't feel the need to or didn't have the time.

The general practitioner (GP) was the main source of health information, although this varied with age, with younger respondents also getting information from family and friends, the internet and the media.

Just over half (52%) of all respondents who had been sexually active in the last 12 months had never used contraception/protection. Among those that had used contraception, the most popular methods were the condom or the pill.

Seventy seven percent of respondents had had their blood pressure measured within the last year. Thirty eight percent had had their cholesterol measured within the same timescale. Fifty seven percent had also had a general health check within the last three years, the majority of which were at their own doctor's surgery. Just under one third (32%) regularly attended their doctor's surgery for checks and treatment, with one tenth (10%) regularly attending the hospital.

Physical activity

Just under half (45%) of respondents engaged in regular physical exercise (defined in this survey as more than 20 minutes of mild exercise on four or more days of the week or of moderate or strenuous exercise on three or more days of the week). This was more common in men than women and decreased with age.

One fifth (20%) of respondents attended a gym or leisure centre, with just under half (45%) of these attending once a week and 39% attending three or four times a week.

Twenty three percent of respondents spent four or more hours per day watching television or playing computer games and the majority (78%) of respondents regularly took the car to do their shopping.

Tobacco use

Twenty two percent of respondents were current smokers. Rates were similar for men and women; however, the prevalence of smoking was greater in the younger age groups, where 28% of 18-34 year olds were current smokers. Forty four percent of the current smokers smoked 20 or more cigarettes per day.

Almost three quarters (73%) of smokers reported previous attempts to quit with just over one third (38%) reporting using nicotine replacement therapy (NRT) to help them in their attempt to quit.

Eighty six percent of current smokers said they wanted to stop smoking, and a higher proportion of the younger age groups wanted to quit at some point. More willpower, less stress and greater confidence were factors which smokers identified would help them stop.

Alcohol and substance misuse

Seventy eight percent of respondents had drunk alcohol within the last year (beyond sips and tastes). Sixty two percent of these reported usually drinking alcohol in a typical week. Just over one quarter (28%) drank on three or four days of the week and 17% on five or more days. Men were more likely than women to report drinking alcohol in a typical week and drinking on a greater number of days.

Eight percent of respondents gave a positive answer to two or more of the CAGE questions, indicating a problem with alcohol. This was also more common in men than in women.

The majority of respondents had never used marijuana or cannabis, with 14% reporting ever having used it in their lifetime and 5% reporting use within the last year.

Accidents and injuries

One fifth (20%) of respondents received one or more injuries serious enough to interfere with their daily activities in the last two years. Those in the younger age groups were more likely to have been injured. The most common place for injuries to have occurred was at home or at work. Almost half (49%) of those who had suffered an injury attended A&E for treatment, while just under one quarter (23%) attended their GP.

While the majority (89%) of respondents reported always wearing a seatbelt whilst driving or riding in the front of the car, only 60% said they always wore one in the back.

The majority (91%) of respondents who rode a motorcycle reported always wearing a helmet. However, only 22% of respondents who rode a bicycle reported always wearing a helmet.

Family and social networks and neighbourhood

Respondents identified their strongest support as being from their spouse or partner followed by support from parents or children.

Participation in local organisations was generally low. The most popular was church/charitable or voluntary organisations with 37% participating in this activity.

Poor public transport and rubbish or litter lying around were identified as the biggest problems within respondents' neighbourhoods. Lack of open public spaces, house break-ins, vandalism and pollution were also seen as problems.

Only 58% of respondents felt there were places within their neighbourhood for children to play. Those with a higher level of education and/or those with a higher household weekly income were more likely to think so.

Food habits

Overall 62% of men and 59% of women were overweight or obese. Four percent of men and 3% of women were underweight. Being underweight was more common in the 18-34 year age group, where 8% of men and 5% of women were underweight.

The majority of respondents (79%) felt that they could eat more healthily. Younger respondents were more likely to think this than older respondents. Thirty nine percent reported currently following a particular 'diet', most commonly to lose weight or reduce their cholesterol level.

Sixty two percent of respondents reported reading food labels. The information they looked for most commonly was cooking instructions, nutrients and ingredients.

Thirty six percent of respondents ate fried food four or more times per week and 47% used butter or margarine every day or most days. Low-fat/semi-skimmed milk was the most common type of milk consumed. Forty percent of respondents always or usually added salt to their food while cooking, while 43% always or usually added salt at the table.

Twelve percent of respondents reported eating at a fast food outlet at least once a week, with 9% eating home-delivered fast food at least once per week.

Just under half (44%) of women who had children had breastfed some or all of their children. In women who had breastfed their last child, the duration of breastfeeding was shorter in younger women, with 41% breastfeeding for less than one month.

General wellbeing

A quarter of respondents to the survey (23% of men and 26% of women) showed signs of a possible mental health problem by scoring highly on a questionnaire designed to identify such problems. Those with no qualifications and those on a low weekly household income were more likely to show signs of a possible mental health problem.

Introduction

In 2002, the Health Promotion Agency for Northern Ireland (HPA) conducted a Health and Lifestyle Survey of adults in Northern Ireland (HALS). The aim of the study was to provide information on the general health and lifestyle behaviours of adults in Northern Ireland, which was comparable with information collected in a similar survey conducted in the Republic of Ireland – the Survey of Lifestyle, Attitudes and Nutrition (SLÁN).¹

The objective was to collect information on:

- general health status;
- physical activity;
- tobacco use;
- alcohol;
- use of other substances;
- accidents and injuries;
- family and social networks;
- food habits;
- mental health.

Methodology

The methodology employed was consistent with that applied to conduct the SLÁN survey in the Republic of Ireland. It was based on a postal survey, with telephone follow-ups, of 6,500 adults aged 18 and over.

The questionnaire

So that meaningful comparisons could be made, the questionnaire replicated the majority of the questions covered in the SLÁN survey.

In addition some standardised health instruments were included. In particular, the General Health Questionnaire (GHQ 12), an international screening test used to identify short-term changes in mental health, and the CAGE questionnaire, an international assessment instrument for identifying problems with alcohol, were included.^{2,3}

The questionnaire contained ten sections on the following topics:

- general health;
- physical activity;
- tobacco use;
- alcohol;
- use of other substances;
- accidents and injuries;
- about you and your household;
- your family, friends and neighbourhood;
- food habits;
- general wellbeing.

Sample design and selection

The survey was designed to yield a representative sample of men and women aged 18 and over living in Northern Ireland. The 2002 Register of Electors was used as the sampling frame. The register is inclusive of all individuals nominated on electoral registration forms returned in September 2001. The register is compiled on a Local Government District (LGD) basis of which there are 26 in Northern Ireland. As registration as an elector is now compulsory, there is every reason to believe that the listing is accurate, especially as it is updated annually. The survey was implemented using a probability based simple random sample. The rationale governing this choice of design was to ensure that each individual listed on the Electoral Register had an equal probability of selection.

Fieldwork

All 6,500 individuals in the sample were sent a covering letter outlining the rationale for the survey, a copy of the questionnaire and a freepost return envelope. This was mailed on 14 June 2002 and included a freephone number for anyone wishing to seek further information on the survey. A reminder letter was issued to those individuals who had failed to return a questionnaire by 9 July 2002.

In an effort to increase the response to the survey, the sample of 6,500 individuals was matched against BT's white pages to identify a telephone number. This produced a matching of 48% (3,120 telephone numbers), allowing the possibility of a telephone reminder to those individuals who had not returned their original questionnaire.

From 22 July to 16 September, telephone contacts were made with those respondents who were matched with a telephone number but who had failed to return a questionnaire. This was a continual process and involved up to 20 call backs with individuals listed in the sample. When contacted, individuals were offered the option of having another questionnaire posted to them to make it easier for them to participate in the survey.

In a further attempt to increase the level of response to the survey, a second copy of the questionnaire with an accompanying letter was mailed to each person in the sample who had not been matched with a telephone number and who had not returned a questionnaire.

In addition, all respondents were entered into a prize draw unless they stated otherwise.

Analysis

Data entry was carried out by RES Ltd using Statistical Package for Social Scientists (SPSS). Appropriate coding schemes were applied to open-ended questions and a range of validation checks was applied to the survey data file. The data were then analysed by respondents' demographic and socioeconomic circumstances.

Response rates

Of the 6,500 individuals in the sample, 180 were deceased, not resident at the address, ill or working abroad. From the remainder (6,320) 2,500 completed returns were received, giving a response rate of 39.5%. This response rate is reasonable for a population based postal questionnaire.

Representativeness of the sample

The characteristics of the sample were broadly similar to those of the Northern Ireland population as measured by the 2001 Census (Table 1).⁴

Table 1: Comparison of some of the key variables with the 2001 Northern Ireland Census

Characteristics	% HALS	% Census (2001)
Age		
18-24	10	13
25-44	34	40
45-64	38	29
65-74	12	10
75+	7	8
Sex		
Male	44	48
Female	56	52
Marital status		
Married/cohabiting	66	51
Single	21	33
Widowed/divorced/separated	13	16
Education level		
No qualifications	36	42
Up to degree level	44	42
Degree level and above	20	16

There were however some differences in the key variables. Individuals in the 45-64 year age band were over-represented while those in the 25-44 year age band were under-represented. Married respondents were over-represented as opposed to single respondents who were under-represented. Those with no qualifications were under-represented and those who were educated to degree level or above were over-represented.

Although a postal questionnaire may not be the best methodology to use in undertaking a lifestyle survey of the population, the above results confirm the general representativeness of the sample and give validity to the process.

Presentation of results

The majority of information in this report has been presented through the use of tables and figures based on percentages. The percentages have been rounded to the nearest whole number; therefore some column or row totals may not equal 100 exactly.

In some questions respondents were asked to choose all applicable options. These responses were not mutually exclusive; therefore for those questions results will not add up to 100%.

The information in the tables and figures has been analysed, where appropriate, by respondents' demographic and socioeconomic circumstances. The demographic variables considered were gender, age and educational level. The socioeconomic indicator used was weekly household income.

Respondents were grouped into four age bands for analysis and presentation. These age groups are 18-34, 35-54, 55-69 and 70+.

Educational level was determined by grouping responses into four classifications. These are no qualifications, CSE/O level/GCSE, A level and third level (degree level or above).

Weekly household income was based on the household's total net income per week from all sources in the household and was grouped into four classifications. These are <£200, £200-399, £400-719 and >£720.

The chi-square statistical significance test was employed to test for associations between groups in the data. Three levels of significance are used – $p < 0.05$, $p < 0.01$ and $p < 0.001$. If a finding is significant at the $p < 0.05$ level for this study, then this finding would be expected in a similar population 95 times out of 100.

General health status

This chapter describes the general health status of respondents to the Health and Lifestyle Survey.

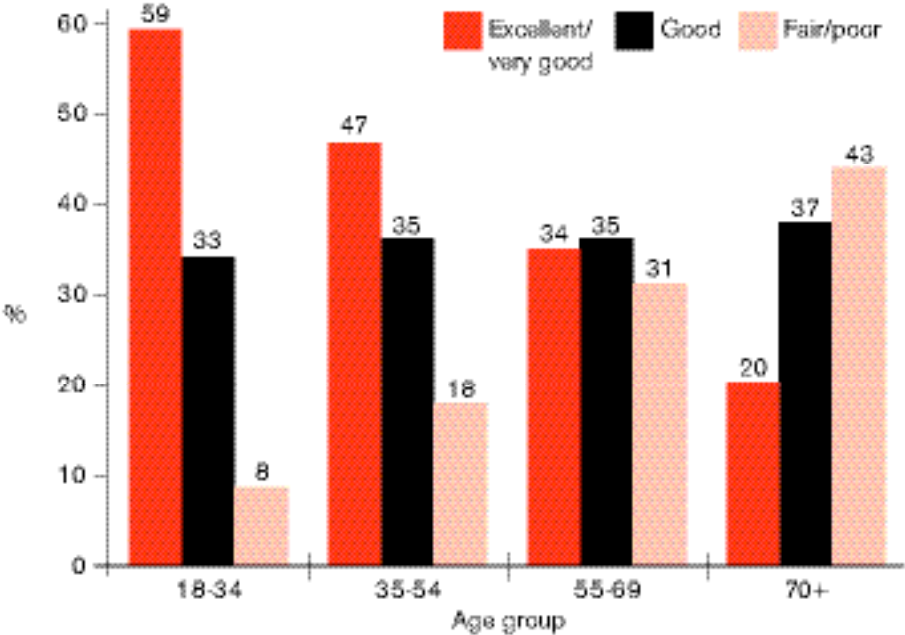
Overall, 43% of respondents described their general health as either excellent or very good, with a further 35% describing their general health as good. Just under a quarter of respondents (22%) described their general health as fair or poor.

There were no significant differences between men and women (Table 2); however, there were clear differences with age ($p < 0.001$). Older respondents were more likely to rate their general health as fair or poor, whereas younger respondents were more likely to report excellent or very good general health (Figure 1).

Table 2: Self reported health status by gender

	Excellent/very good (%)	Good (%)	Fair/poor (%)	Base (n)
Male	42	37	21	1,069
Female	45	33	22	1,373

Figure 1: Self reported health status by age



Physical and mental health

Respondents were asked to state for how many days during the past 30 that their physical health was not good (including physical illness and injury), their mental health was not good (including stress, depression or emotional problems) and how many days their usual activities such as self-care, work or recreation were limited by either poor physical or mental health. Both genders reported similar rates (Table 3).

Table 3: Mean number of days on which physical or mental health was poor and activities were limited by gender

	Physical health poor	Mental health poor	Activities limited
Male	4	3	4
Female	4	4	3
Base (n)	2,433	2,423	2,422

The mean number of days on which respondents identified that their physical health was not good increased with age; however, the mean number of days on which respondents identified that their mental health was not good was greatest in the 35-54 and 55-69 age groups. Limitation of usual activities was greater for those over 55 years of age (Table 4).

Table 4: Mean number of days on which physical or mental health was poor and activities were limited by age

	Physical health poor	Mental health poor	Activities limited
18-34	2	3	2
35-54	4	4	3
55-69	6	5	5
70+	7	3	5
Base (n)	2,419	2,409	2,408

Limiting long-term illness

In total, 20% of respondents (21% of men and 19% of women) also reported that their daily activity or work was limited by a long-term illness, health problem or disability. The difference between men and women was not significant. Not unexpectedly, the number of respondents who reported that their daily activity or work was limited by a long-term illness, health problem or disability increased significantly with age ($p < 0.001$).

Table 5: Limitation of daily activity or work by long-term illness, health problem or disability by age

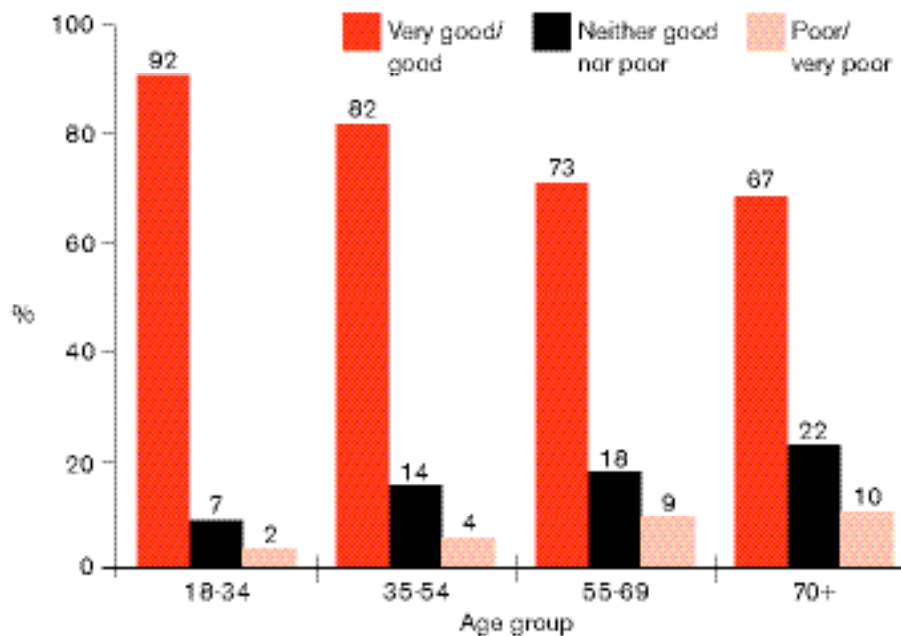
	Male (%)	Female (%)	All (%)	Base (n)
18-34	8	6	7	607
35-54	18	15	16	957
55-69	30	31	31	584
70+	40	37	39	288

Quality of life

The majority of respondents (80%) reported that their quality of life was either very good or good, with only 6% reporting a poor or very poor quality of life.

There was no significant difference between men and women (79% and 81% reported very good or good quality of life respectively); however, a clear difference was again seen with age ($p < 0.001$), with older respondents being less likely to report a good quality of life (Figure 2).

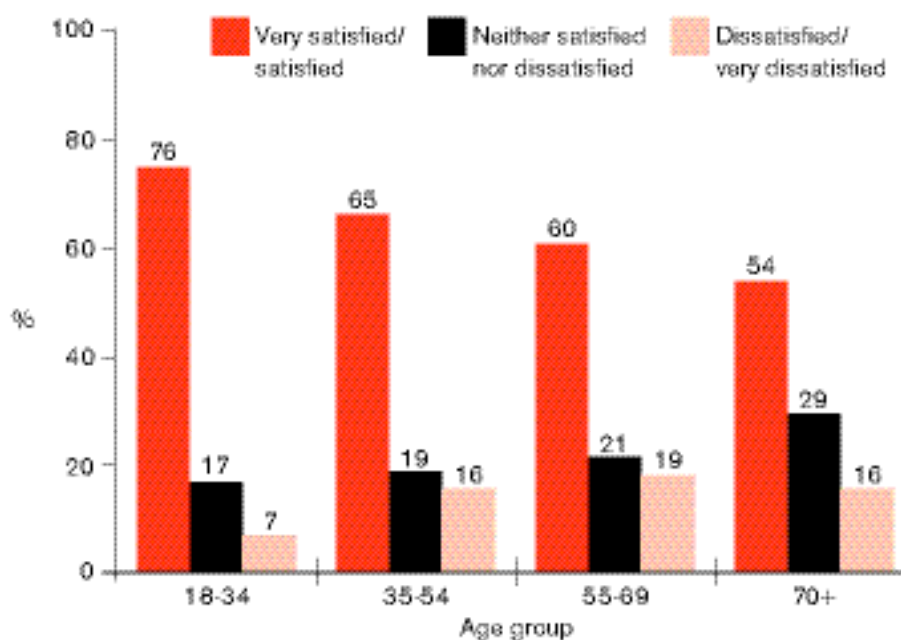
Figure 2: Respondents' quality of life by age



Satisfaction with health

Similar patterns were observed when respondents were asked to rate their satisfaction with their health. Overall 65% of men and 66% of women reported being either very satisfied or satisfied with their health. This again varied significantly with age ($p < 0.001$), with older respondents being less likely to report being satisfied with their health.

Figure 3: Reported satisfaction with health by age



Reported health conditions

Respondents were asked to indicate if a doctor had ever told them that they had certain health complaints. The prevalence by gender and age is shown below (Figures 4 and 5).

Figure 4: Reported health conditions by gender

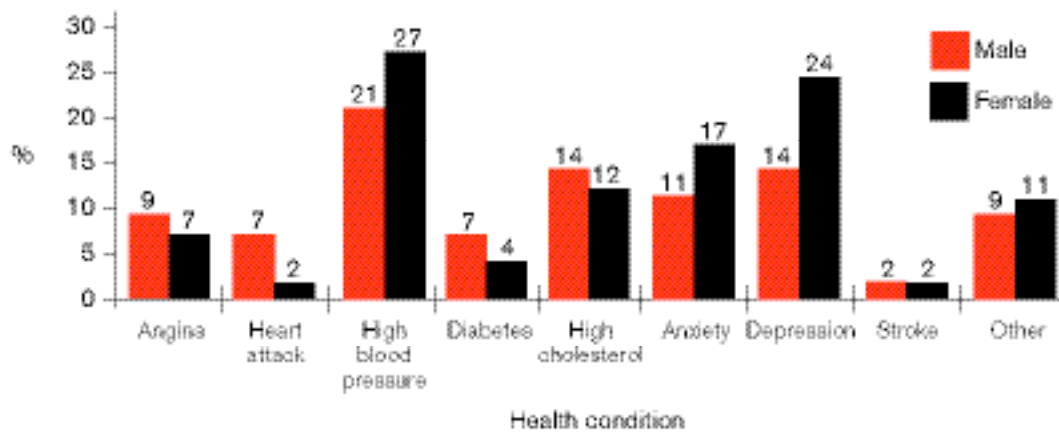
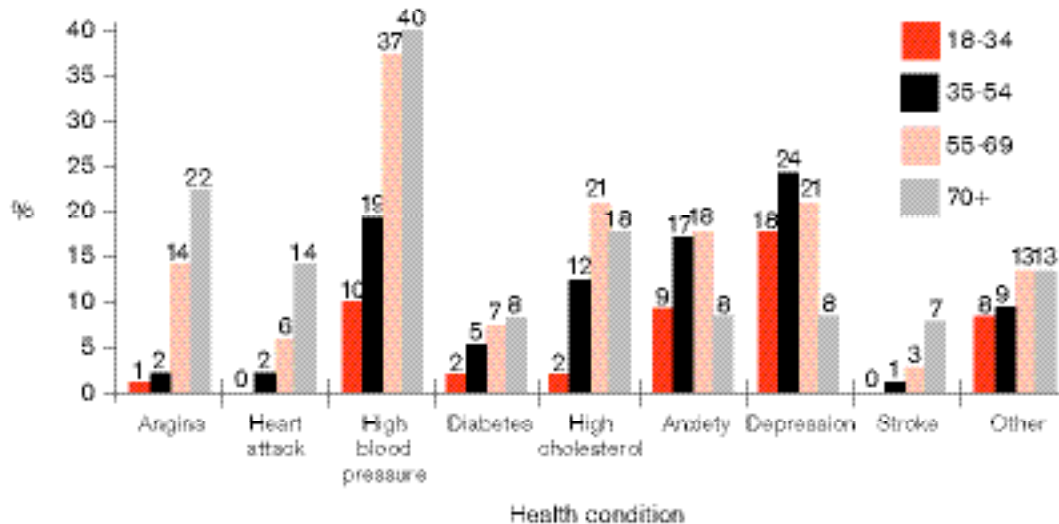


Figure 5: Reported health conditions by age



Women were more likely to report high blood pressure, anxiety and depression whereas men reported a greater frequency of angina and heart attacks, high cholesterol and diabetes.

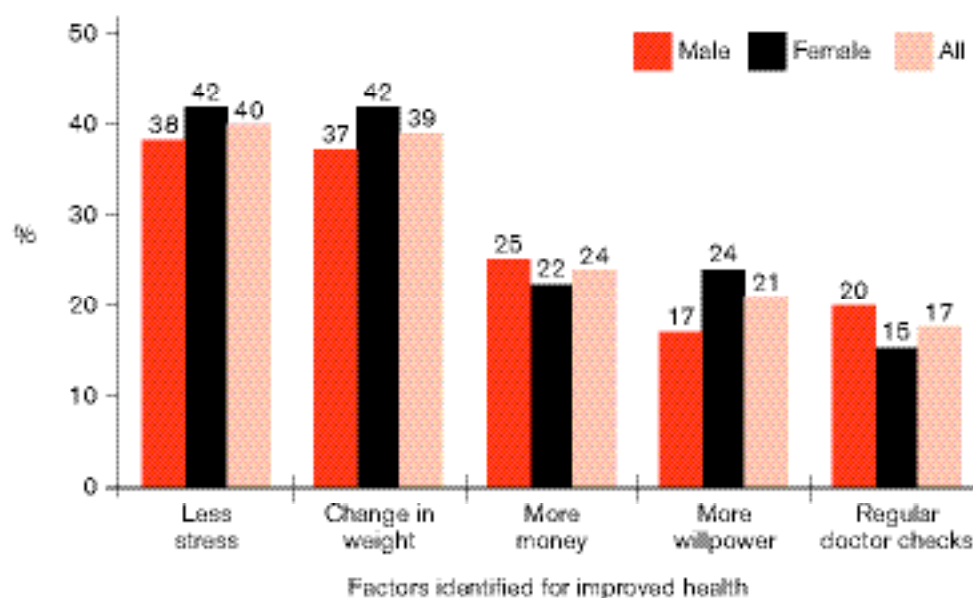
In the majority of conditions the prevalence increased with age; however, this was not the case for anxiety and depression, which were greatest in the 35-54 and 55-69 year age groups.

Half of respondents (50%) reported regularly taking prescribed pills or medication.

Requirements and barriers for improving health

Respondents were asked to select, from a list of socioeconomic factors, those factors which they believed would improve their health. The top five are shown below (Figure 6). Less stress and a change in weight were the most frequent responses.

Figure 6: Top five factors identified by respondents for improved health



Those factors which prevented people from improving their health were also identified by respondents. Over half (53%) felt that people were prevented from improving their general health as they "don't feel they need to do so". Fifty percent also reported a "lack of time" as a contributory factor (Table 6). These are important barriers that need to be overcome when delivering health promotion messages.

Table 6: Factors preventing people from improving their health

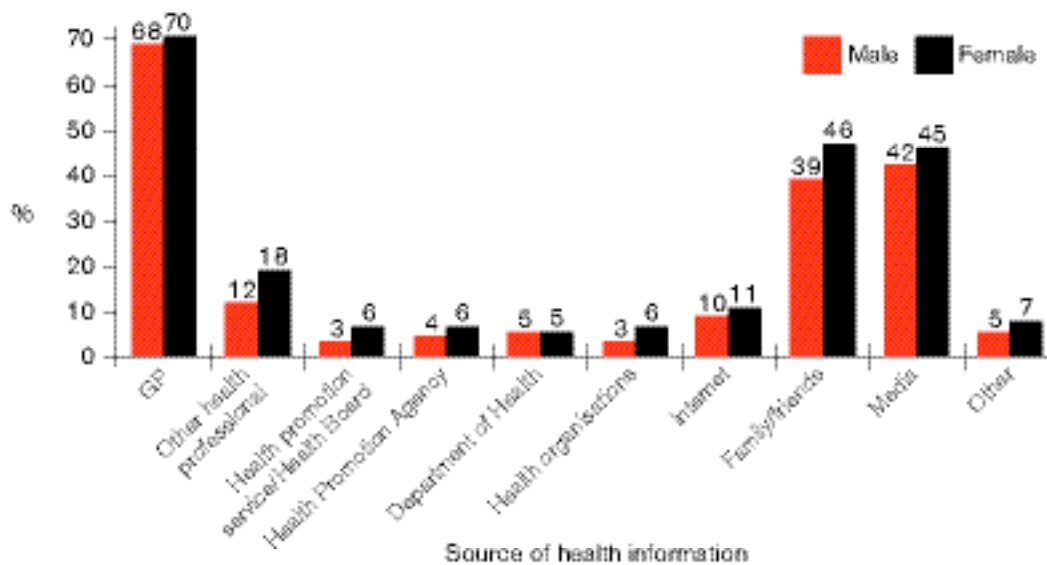
	Male %	Female %	All %
Don't feel the need	56	50	53
Lack of time	47	52	50
Financial problems	36	38	37
Lack of information	27	33	30
Lack of facilities/resources	27	30	29
Not able to read/understand information	19	22	21
Lack of support from family/friends	17	25	21
Base (n)	1,089	1,386	2,473

Sources of health information

The majority of respondents (69%) identified their general practitioner (GP) as their main source of health information. Responses were similar for men and women, although a greater number of women identified family and friends as a source of health information (Figure 7).

While only a small percentage of respondents identified health promotion services or the Health Promotion Agency as sources of health information, it is important to note that many of their initiatives are delivered via primary care, health care professionals or the media.

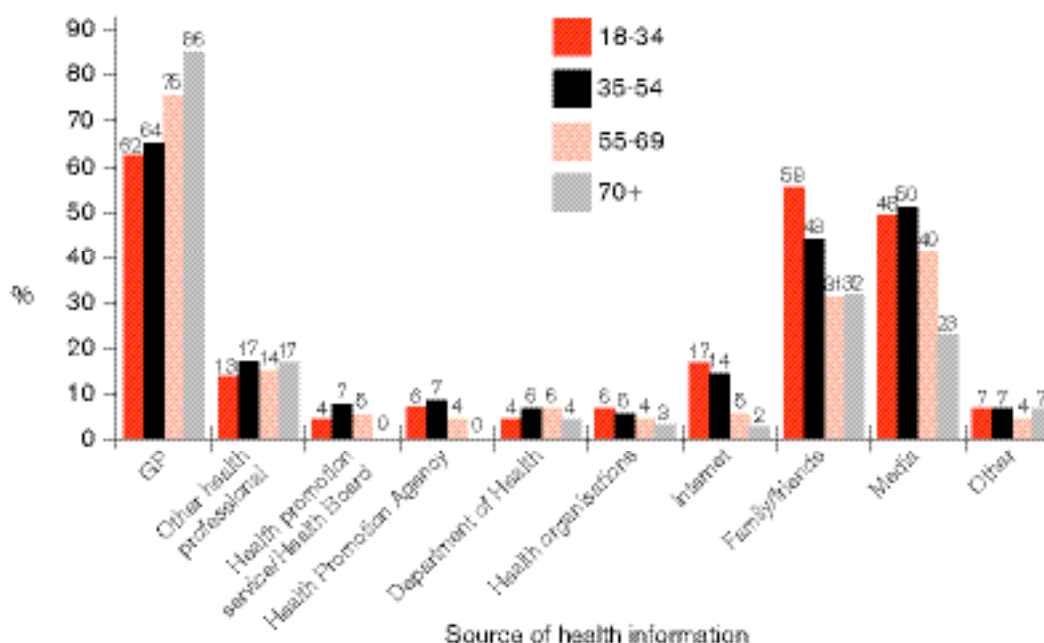
Figure 7: Sources of health information by gender



There was a clear age gradient in relation to the GP, family and friends and the internet as sources of health information (Figure 8). Older respondents tended to rely on their GP more than younger respondents. Those in the younger age groups tended to use family and friends and the internet as sources of health information more than older people did.

Again this is important in terms of how we deliver health promotion messages to the respective age groups.

Figure 8: Sources of health information by age



Dental health

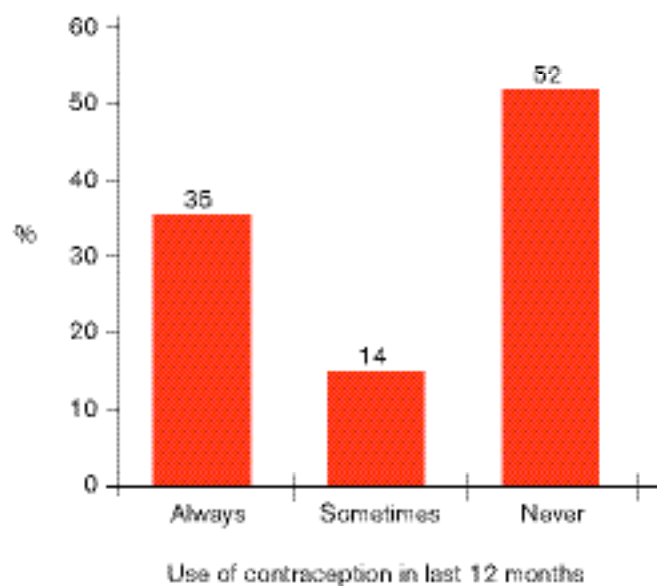
One fifth (20%) of respondents reported that they have all of their own teeth with none missing, with a further 47% reporting all their own teeth with no dentures but with some teeth missing. Significantly more women than men ($p < 0.001$) reported having all their own teeth with none missing (22% compared to 17%).

Sexual health

The Health Protection Agency has emphasised that sexually transmitted infections (STIs) are one of the biggest infectious disease threats facing the UK.⁵ Promotion of sexual health is therefore extremely important with only some methods of contraception offering protection against STIs. These include male and female condoms and to some extent the cap/diaphragm.

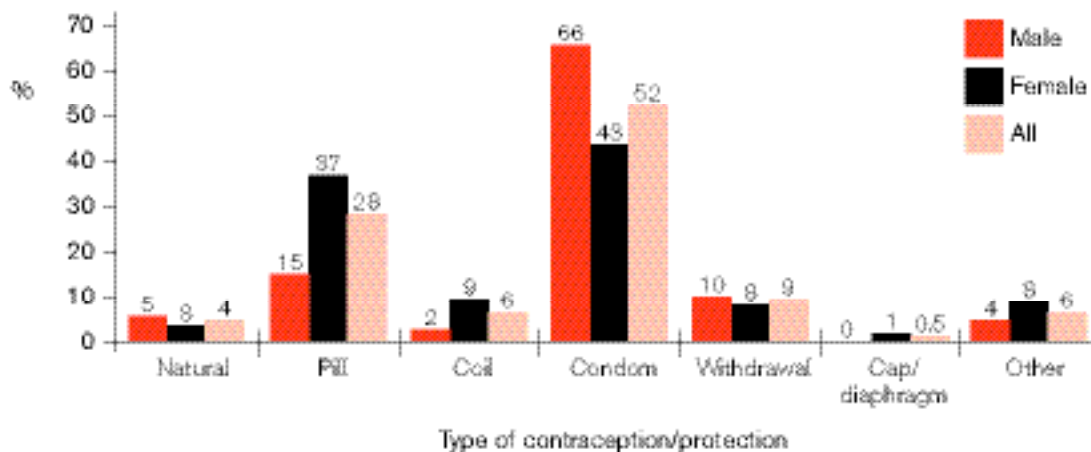
Seventy three percent of respondents reported being sexually active in the 12 months prior to the survey. Of those who had been sexually active, just over half (52%) had not used contraception (Figure 9).

Figure 9: Use of contraception in the past 12 months (by those who are sexually active)



Men were significantly more likely to report never having used contraception than women ($p < 0.001$) (57% compared to 47%). Among those who did use contraception/protection, the most frequently used methods were the condom and the pill (Figure 10).

Figure 10: Most frequently used methods of contraception/protection in those who had been sexually active in the last 12 months

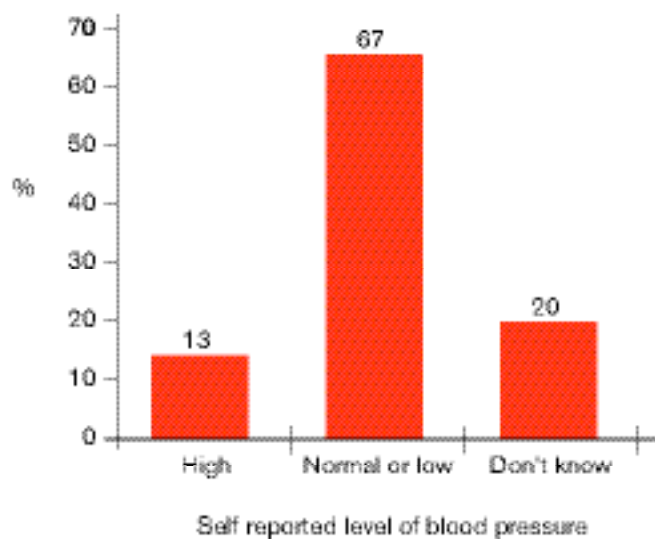


Health checks

Seventy seven percent of respondents had had their blood pressure measured within the last year. A further 19% had had their blood pressure measured over a year ago, with only 4% never having had their blood pressure measured.

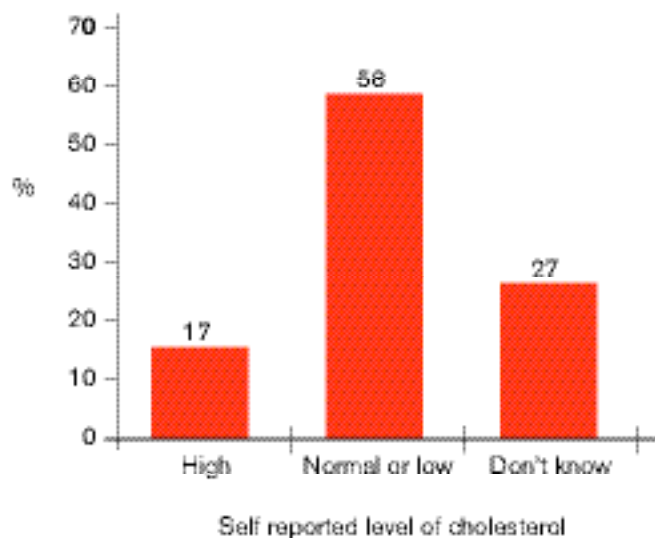
Significantly more ($p < 0.001$) women than men had had their blood pressure measured within the last year (80% compared to 72%). This may reflect the fact that women are required to have regular checks of their blood pressure if they are taking the oral contraceptive pill. Respondents' self reported level of blood pressure is shown below (Figure 11).

Figure 11: Respondents' self reported level of blood pressure (for those who reported having had their blood pressure measured)



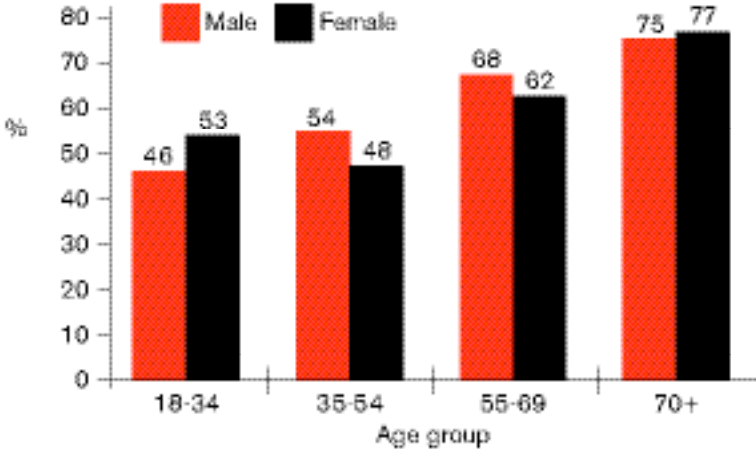
Sixty percent of respondents had had their blood cholesterol level checked, 38% within the last year. Significantly more ($p < 0.001$) men than women had had their cholesterol measured (66% compared to 57%). Respondents' self reported level of cholesterol is shown below (Figure 12).

Figure 12: Respondents' self reported level of cholesterol (for those who reported having had their cholesterol measured)



Fifty seven percent of respondents had had a general health check up in the last three years. There was no significant difference between men (58%) and women (56%). Variation by age is shown below (Figure 13).

Figure 13: Percentage of respondents having a general health check up in the last three years by age and gender



Seventy seven percent of these general health checks took place at the respondent's own doctor's surgery.

Just under one third (32%) of respondents reported attending their doctor's surgery for regular checks or treatment (eg once every three months). Women were more likely ($p < 0.001$) to report doing this than men (36% compared to 27%).

A tenth of all respondents (10%) reported attending a hospital for regular checks or treatment (eg once every three months). Rates were similar for men (11%) and women (9%).

Physical activity

Regular physical activity can improve health by ensuring the maintenance of healthy bones, muscles and joints, helping with weight control, improving posture and balance, reducing falls and decreasing anxiety and promoting self-esteem. It can also decrease the risk of developing coronary heart disease, osteoporosis, type 2 diabetes, obesity and high blood pressure.⁶

For an average adult at least 30 minutes of cumulative moderate physical activity every day or on most days of the week is sufficient to obtain health benefits.⁷

This chapter describes levels of activity in respondents to the Health and Lifestyle Survey.

Leisure activities

Overall, 45% of respondents engaged in regular physical exercise. Regular exercise was defined as more than 20 minutes of mild exercise on four or more days of the week and/or moderate or strenuous exercise on three or more days of the week. (This definition was used in order to make the results directly comparable with the SLÁN survey.)

Twenty five percent of respondents reported undertaking mild exercise on four or more days of the week, with 24% undertaking moderate exercise on three or more days of the week and 9% undertaking strenuous exercise on three or more days of the week.

More men than women reported undertaking regular physical exercise (as defined above); in particular, men were more likely to take strenuous exercise on three or more days of the week (Table 7).

Table 7: Percentage engaging in physical activity by gender

	Males (%)	Females (%)	All (%)
Any regular physical activity	47	44	45
Mild exercise	25	24	25
Moderate exercise	22	25	24
Strenuous exercise	13	5	9

Note: respondents could choose more than one option

Table 8 shows the distribution of exercise by age. Those in the younger age group are more likely to engage in regular physical activity and in more moderate or strenuous exercise.

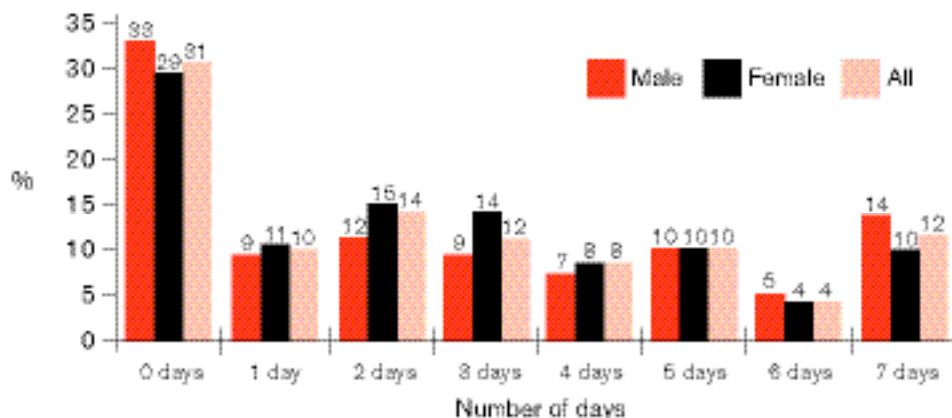
Table 8: Percentage engaging in physical activity by age

	18-34 (%)	35-54 (%)	55+ (%)	All (%)
Regular physical activity	56	46	37	45
Mild exercise	28	24	23	25
Moderate exercise	31	25	18	24
Strenuous exercise	19	9	2	9

Note: respondents could choose more than one option

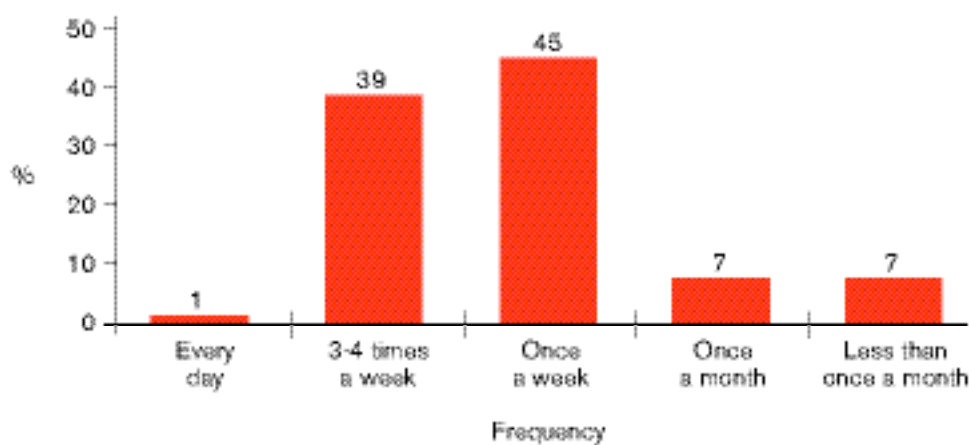
Just under half (46%) of all respondents reported that, in an average week, they undertake a walk of 30 minutes or more on three or more days. Nearly one third (31%) reported they never undertake such a walk in an average week (Figure 14).

Figure 14: Frequency of undertaking a walk of 30 minutes or more by gender



One fifth (20%) of respondents reported attending a gym or leisure centre. There was no significant difference between men (21%) and women (20%). Of those who attended a gym or leisure centre, just under half (45%) attended once a week with 39% attending three to four times a week (Figure 15).

Figure 15: Frequency of attending a gym or leisure centre



Just under one quarter of respondents (23%) reported spending four or more hours per day watching television or playing computer games. A further 54% spent two to three hours per day on such activities.

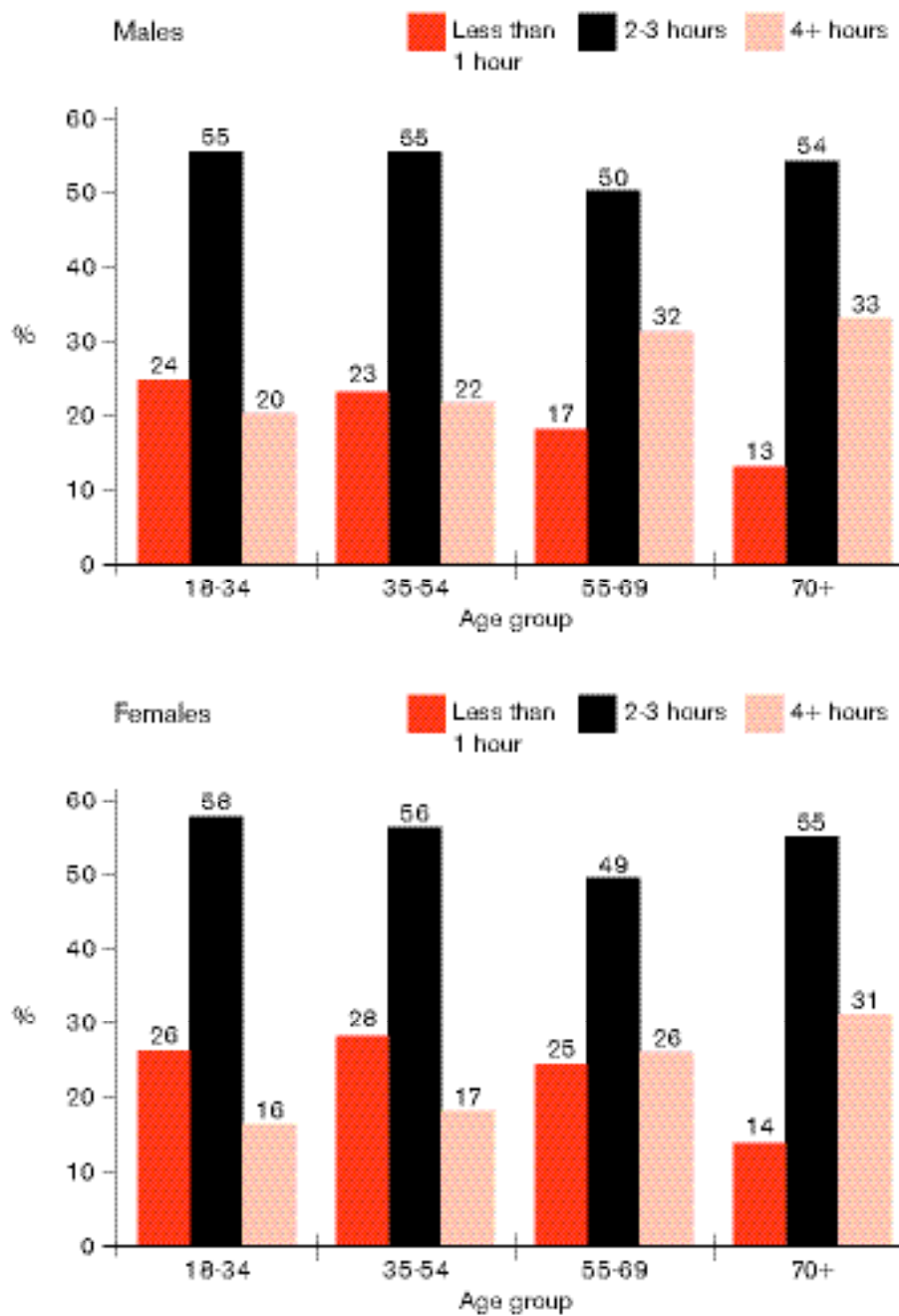
There was a significant difference ($p < 0.001$) between men and women, with more men spending four or more hours per day watching television or playing computer games (Table 9).

Table 9: Number of hours per day spent watching television or playing computer games by gender

	< 1 hour (%)	2-3 hours (%)	4+ hours (%)	Base (n)
Male	21	54	26	1,041
Female	25	55	20	1,339

Variation by age is shown below for men and women (Figure 16).

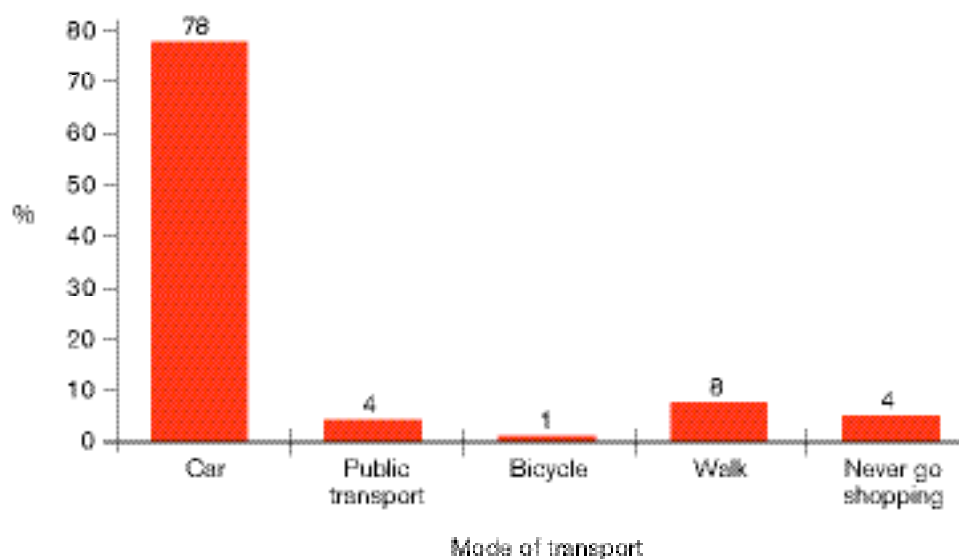
Figure 16: Number of hours per day spent watching television or playing computer games by gender and age



Household activities

Seventy eight percent of respondents confirmed usually taking the car to do their shopping, with only a small minority (8%) usually walking (Figure 17).

Figure 17: Mode of transport most frequently used to go out shopping



Note: 5% reported using more than one mode of transport

Employment

Of those respondents currently in paid employment, just under one quarter (23%) reported that they are "very active" in their current work (Table 10).

Table 10: Level of activity in their current work for those in paid employment

Level of activity	%
Very active	23
Fairly active	44
Not very active	17
Not at all active	16
Base (n)	1,368

This was unaffected by age or gender; however, those with a low level of education and those on a low weekly household income were significantly more likely to report they are "very active" in their current work ($p < 0.001$). This is likely to reflect manual occupations.

Figure 18: Level of physical activity in current employment by education

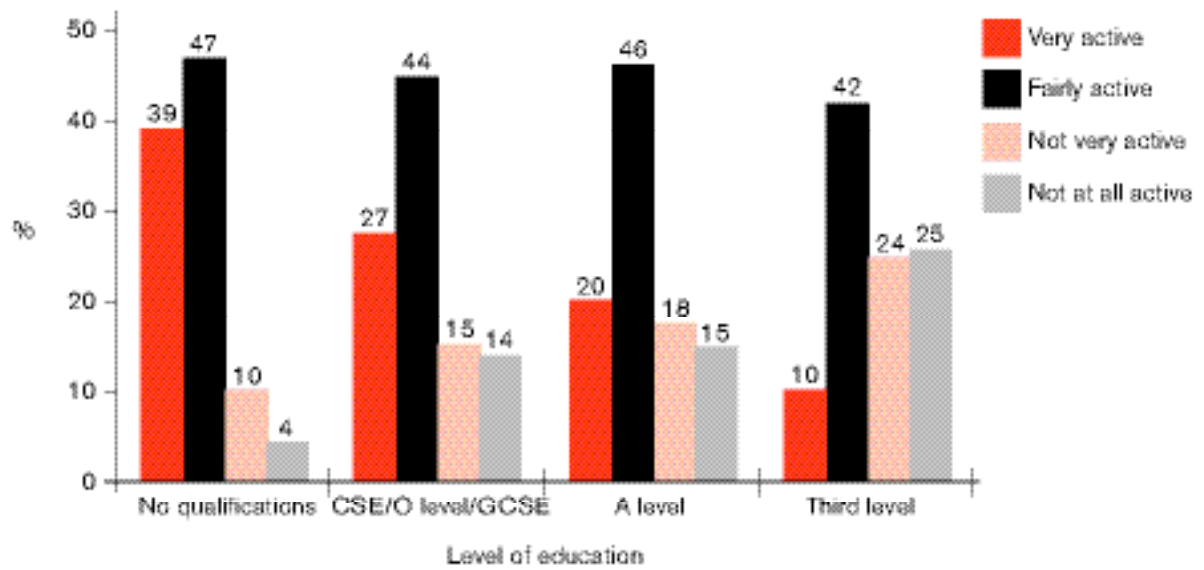
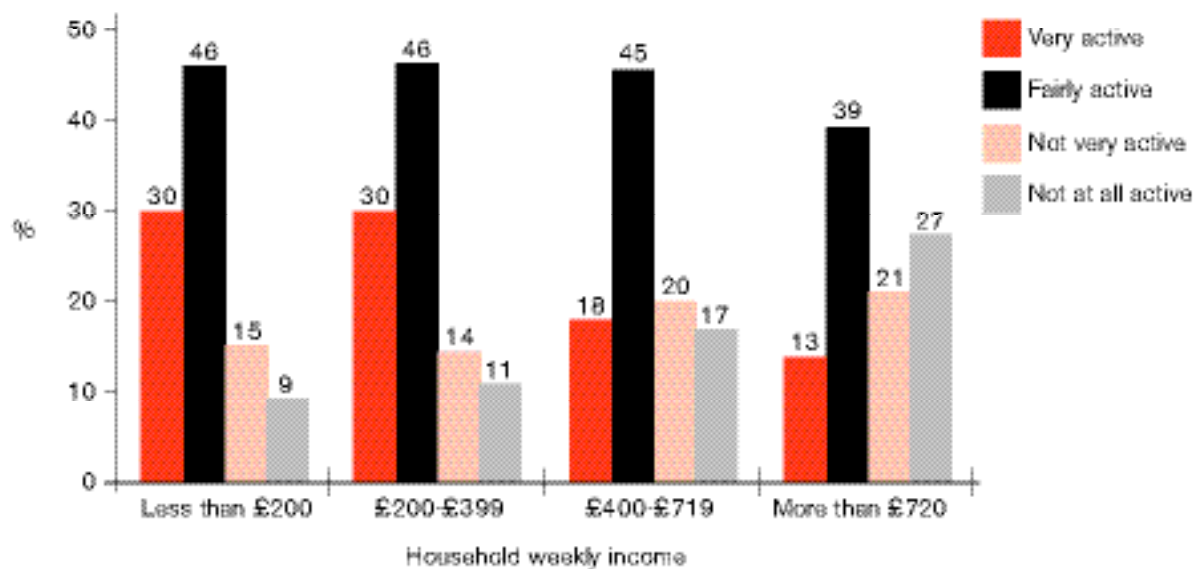


Figure 19: Level of physical activity in current employment by income level



Tobacco use

Smoking is the single greatest preventable cause of premature death and avoidable illness. It is a major risk factor for coronary heart disease, stroke and other diseases of the circulatory system. Smoking related diseases claim between 2,700 and 3,000 lives in Northern Ireland each year.⁸

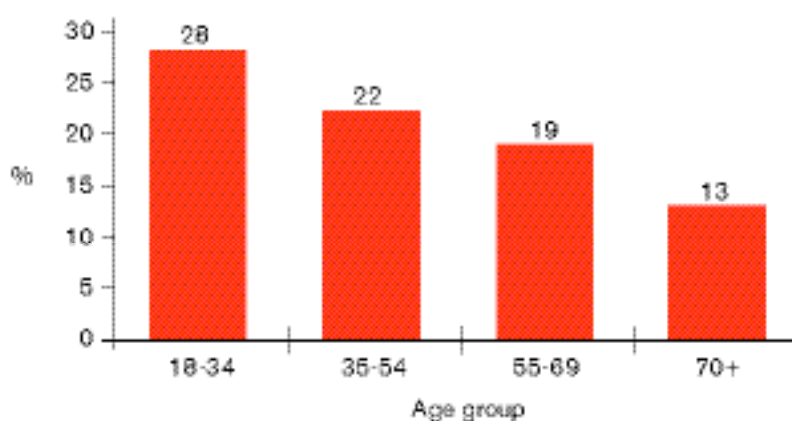
This chapter describes current smoking status and attitudes to smoking in respondents to the Health and Lifestyle Survey.

Twenty two percent of respondents were current smokers at the time of the survey, 27% were ex-smokers and 52% had never smoked cigarettes.

This figure is low in comparison to other reported figures for smoking prevalence in Northern Ireland. The Continuous Household Survey estimated smoking prevalence in Northern Ireland to be 27% in 2000/1.⁸ The low rate found in this survey may be due to the under-representation of individuals in the younger age groups or those with a low level of education within the sample.

The prevalence of smoking was similar for men (21%) and women (22%). It did however vary significantly with age ($p < 0.001$) with the younger age groups containing the greatest percentage of smokers (Figure 20).

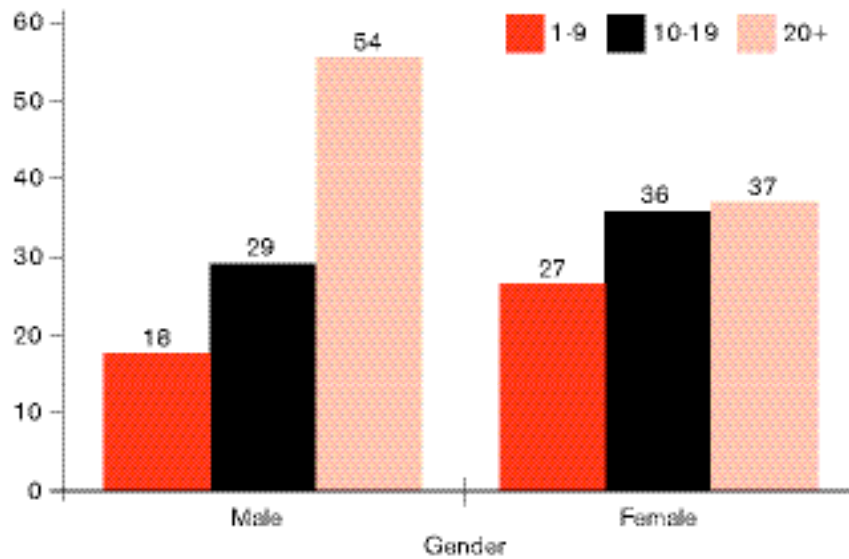
Figure 20: Percentage of cigarette smokers by age



Number of cigarettes smoked

Forty four percent of the current smokers reported smoking more than 20 cigarettes (branded and/or hand rolled) daily. One third (33%) smoked 10-19 cigarettes per day and 23% smoked less than 10 per day. Significantly more ($p < 0.001$) men than women smoked more than 20 cigarettes daily (Figure 21).

Figure 21: Number of cigarettes smoked daily by gender

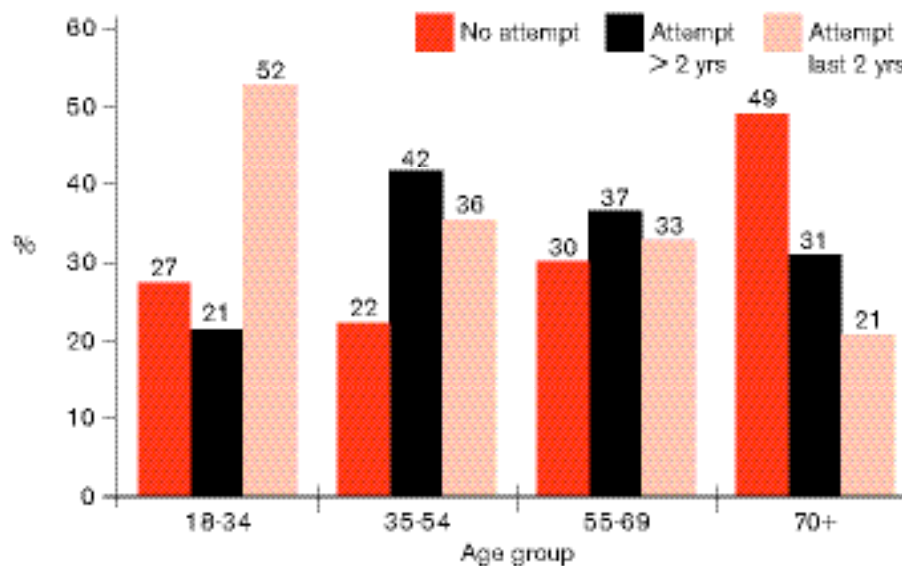


Quitting

Stopping smoking is not easy, as nicotine is highly addictive. Almost three quarters (73%) of current smokers reported previous attempts at trying to stop smoking. Thirty nine percent had attempted to stop within the last two years.

There was no significant difference noted in terms of gender and reported attempts to give up smoking; however, age did have an impact. The age group in which the most smokers had made an attempt to quit within the last two years was the 18 to 34 year age group (Figure 22).

Figure 22: Reported attempts to give up smoking by age



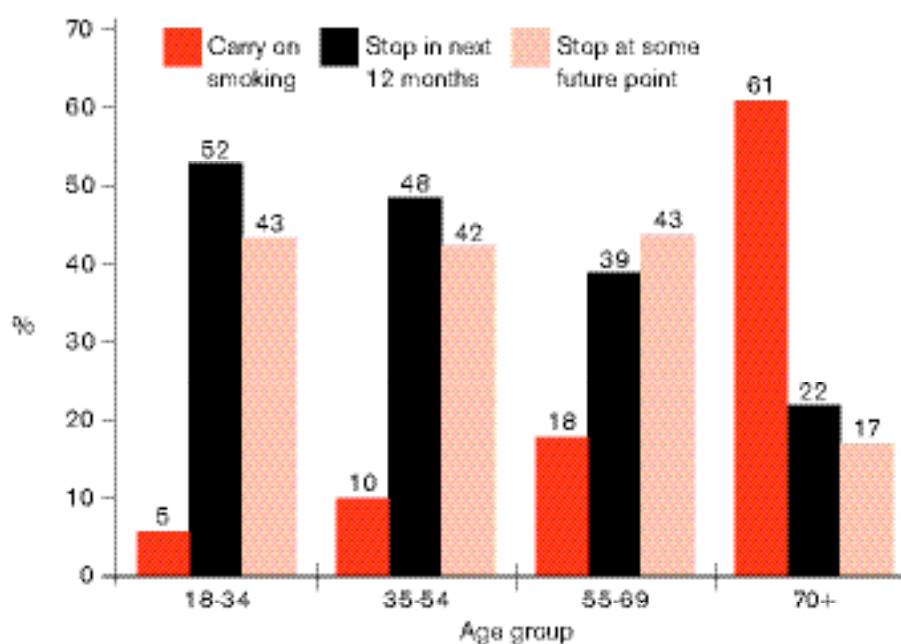
Over one third (38%) of current smokers reported that they had used nicotine replacement therapy (NRT) to help them try to stop smoking. There was no significant difference noted in terms of gender, age, education status or income level and the reported use of NRT.

Eighty six percent of current smokers said they would like to stop smoking, with 45% reporting that they want to stop in the next 12 months and the remaining 41% at some point in the future. There was no significant difference between men and women (Table 11); however, the desire to stop smoking was significantly greater ($p < 0.001$) in the younger age groups (Figure 23).

Table 11: Desire to stop smoking by gender

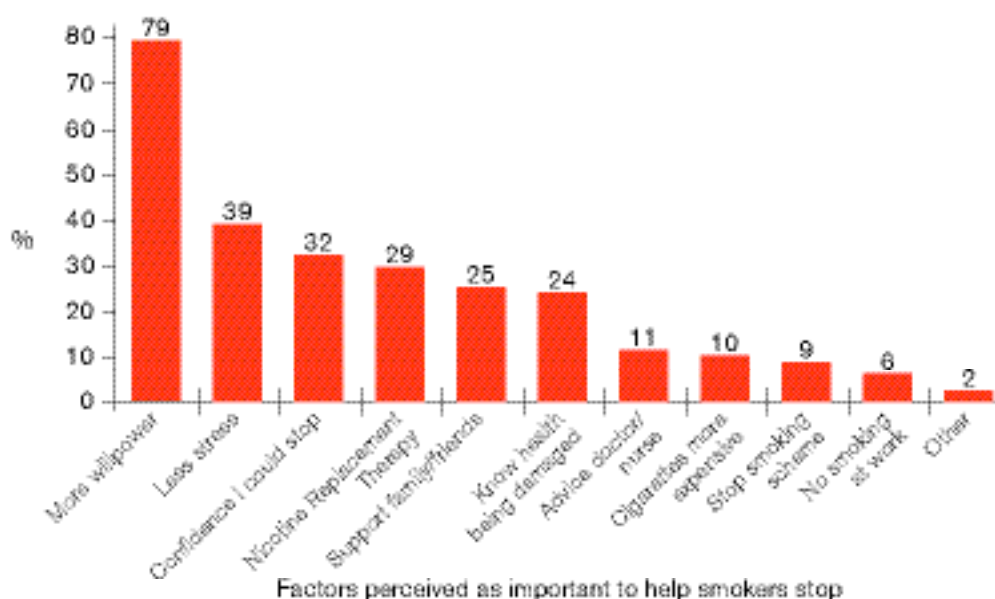
	Carry on smoking (%)	Stop smoking in next 12 months (%)	Stop smoking at some point in future (%)	Base (n)
Male	16	44	41	224
Female	12	47	41	297

Figure 23: Desire to stop smoking by age



The most important factor which current smokers identified they would need to give up smoking was "more willpower" (Figure 24). This was followed by "less stress" and "greater confidence".

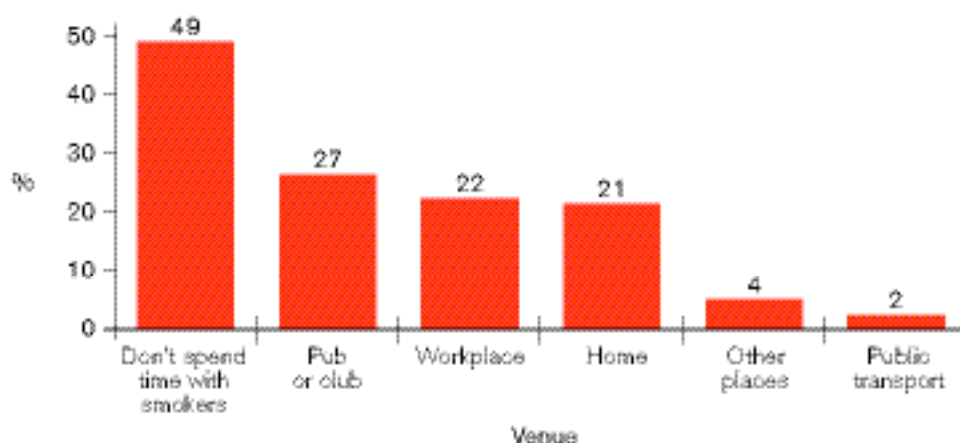
Figure 24: Factors perceived by current smokers as important in helping them stop



Time spent where others are smoking

Almost half (49%) of respondents reported that they did not often spend part of their day where others were smoking. For the 51% who did, the most common places to spend time with smokers were in a pub or club, in the workplace or at home (Figure 25).

Figure 25: Locations where respondents often spend time with smokers



Note: Percentages do not add to 100 as respondents could select more than one venue

Table 12 compares each location where respondents stated that they often come into contact with smokers with respondents' own smoking status, ie current smoker, ex-smoker or non-smoker.

Table 12: Comparison of time spent where others are smoking with respondents' smoking status

	Never smoked (%)	Ex-smoker (%)	Current smoker (%)
At home	12	15	47
In workplace	18	19	33
On public transport	3	2	2
In pub or club	22	27	38
Other places	3	4	5
Don't often spend time with smokers	63	27	10

Current smokers are more likely to spend time in places where other people are smoking than ex-smokers or those who have never smoked.

Alcohol and substance misuse

Alcohol misuse can lead not only to health problems, such as cirrhosis, some cancers and mental health problems, but also to societal problems such as anti-social behaviour, violence and crime. It is also a factor in many accidents, on the roads, at work and at home.⁹ It is not only the amount we drink that is important but also the pattern of drinking.¹⁰ Strategies to reduce the harm caused by the misuse of alcohol aim to encourage a responsible approach to drinking.

This chapter describes the frequency and pattern of drinking in respondents to the Health and Lifestyle Survey.

Twenty two percent of respondents were classified as non-drinkers (6% who had not had an alcoholic drink in the past 12 months and 16% who had never had alcohol beyond sips or tastes).

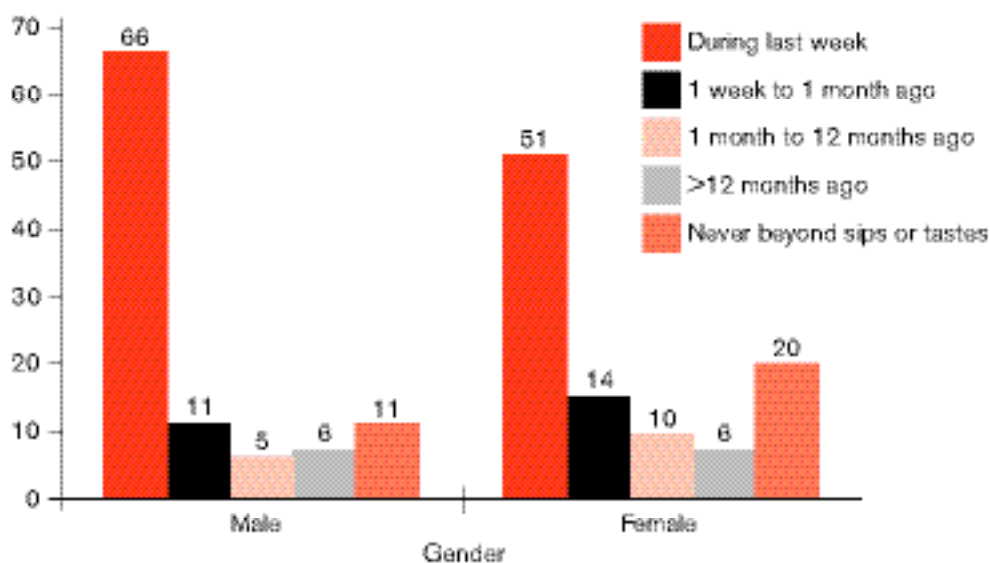
The remaining 78% of respondents were classified as drinkers, with more than half (57%) having had an alcoholic drink in the past week and 70% having had a drink in the past month (Table 13).

Table 13: Length of time since last alcoholic drink

	(%)
During last week	57
1 week to 1 month ago	13
1 month to 12 months ago	8
More than 12 months ago	6
Never had beyond sips and tastes	16
Base (n)	2,450

Significantly more ($p < 0.001$) men than women were classified as drinkers (82% compared to 75%) and men were more likely to have had a drink within the last week (Figure 26).

Figure 26: Length of time since last alcoholic drink by gender



Of those respondents who were classified as drinkers, 62% reported usually drinking alcohol in a typical week during the last 12 months. Men were significantly more likely to report doing so than women (71% compared to 54%, $p < 0.001$).

Of these, more than half (56%) reported usually drinking alcohol on two or less days during a typical week, with just over one quarter (28%) drinking on three to four days and the remaining 17% on five or more days of the week.

Men were significantly more likely to report drinking on a greater number of days of the week than women (Table 14, $p < 0.001$).

Table 14: Number of days on which respondents drank alcohol in a typical week during the last 12 months by gender

	2 days or less (%)	3 to 4 days (%)	5 or more days (%)	Base (n)
Male	54	25	21	604
Female	58	30	12	527

Of those respondents who were classified as drinkers, 15% had six or more drinks at least twice a week, with a further 18% having six or more drinks once a week. Men were more likely to drink six or more drinks than women, with 45% of men drinking six or more drinks at least once per week compared to 23% of women (Table 15).

Table 15: Frequency of having six or more drinks in those who drink alcohol

	2+ times a week (%)	Once a week (%)	1-3 times per month (%)	Less than once per month but within last 12 months (%)	Never (%)	Base (n)
Male	21	24	12	22	21	878
Female	10	13	15	23	40	1,007
All	15	18	14	22	31	1,889

One drink was defined as:

- a half pint/glass of beer, lager, stout or cider;
- a single measure of spirits;
- a single measure of wine, sherry, port;
- premixed bottle drinks (eg WKD, Bacardi Breezer).

Problems with alcohol

All respondents were asked if during the past 12 months they had experienced any of a series of problems as a result of their own drinking or as a result of someone else's drinking. Four of these problems/questions were clinical interview questions used internationally as an assessment instrument for identifying problems with alcohol.³ These questions focused on Cutting down, Annoyance by criticism, Guilty feeling, and an Eye opener (making the acronym CAGE). It is accepted that a positive answer to two or more CAGE questions would indicate a problem with alcohol. Table 16 shows the percentage of respondents who answered positively to each of these questions.

Table 16: Percentage of respondents answering positively to each of the CAGE questions

	Male (%)	Female (%)	All (%)	Base (n)
Have you ever:				
felt you ought to cut down on your drinking?	16	10	12	2,101
felt ashamed or guilty about your drinking?	7	5	6	2,263
felt annoyed by people criticising your drinking?	6	2	4	2,311
had to have a drink first thing in the morning to steady your nerves or get rid of a hangover?	3	1	2	2,371

Eight percent of respondents gave a positive answer to two or more of the above questions, indicating a problem with alcohol. This was greater in men (11%) than women (6%).

Alcohol and driving

Alcohol consumption and driving is a serious road safety issue. Six percent of respondents reported driving a car after consuming two or more alcoholic drinks (within the last 12 months). This was higher for men (10%) than women (3%).

Use of drugs

The majority of respondents (86%) reported never having used marijuana (grass, pot) or cannabis (hash, hash oil) in their lifetime. Fourteen percent had used these drugs at some point in their life. Five percent of respondents had used them within the last 12 months, with 2% of these using them on more than 10 occasions (Table 17).

Table 17: Frequency of use of marijuana or cannabis

Period of time	Never used (%)	Used 1-2 times (%)	Used 3-5 times (%)	Used 6-9 times (%)	Used 10+ times (%)	Base (n)
During last 30 days	97	1	1	<0.5	1	2,269
During last 12 months	95	2	1	<0.5	2	2,169
In your life	86	6	3	1	5	2,254

Men were more likely to have used marijuana or cannabis in the 12 months prior to the survey than women (7% compared to 4%, $p < 0.01$).

Although numbers are small, those in the younger age group (18 to 34) appear more likely to have used marijuana or cannabis in the 12 months prior to the survey and also more likely to have used it a greater number of times than those in the older age groups (Table 18).

Table 18: Frequency of use of marijuana or cannabis in the 12 months prior to the survey by age

Age group	Never used (%)	Used 1-2 times (%)	Used 3-5 times (%)	Used 6-9 times (%)	Used 10+ times (%)	Base (n)
18-34	83	6	3	1	7	522
35-54	97	2	1	<0.5	1	862
55-69	100	<0.5	0	0	<0.5	523
70+	100	0	0	0	0	250

When asked on how many occasions (if any) they used a variety of other drugs in the last 12 months, the majority of respondents reported never using any of the listed drugs.

The highest reported use of any drug was tranquillisers or sedatives with a doctor's prescription; 6% of respondents had used these within the last 12 months (Table 19).

Table 19: Frequency of drug use in the last 12 months

Type of drug	Number of occasions used			Base (n)
	Never (%)	Once or twice (%)	Three or more times (%)	
Tranquillisers or sedatives (Barbs, Downers, Jellies) without doctor's prescription	99	1	<0.5	2,302
Tranquillisers or sedatives (eg Benzodiazepine) with doctor's prescription	94	3	3	2,300
Amphetamine	99	1	<0.5	2,309
LSD	99	1	<0.5	2,300
Cocaine	99	1	<0.5	2,302
Relevin	100	<0.5	0	2,298
Heroin	100	<0.5	0	2,299
Ecstasy	98	1	1	2,307
Drugs by injection with a needle	100	<0.5	0	2,301
Solvents	100	<0.5	0	2,301
Magic mushrooms	99	1	0	2,304

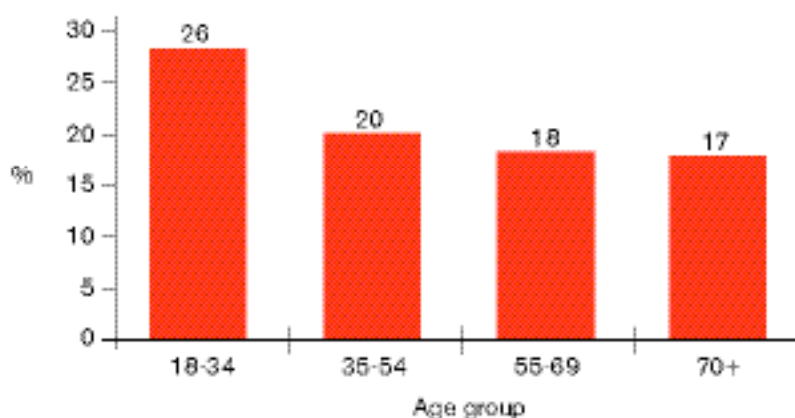
Accidents and injuries

Accidents and injuries are a serious cause of morbidity and mortality. Information was not collected on fatal accidents; however, this chapter describes non fatal but limiting accidents and injuries received by respondents to the Health and Lifestyle Survey. It also includes information on the treatment of these injuries.

In the two years prior to the survey, 20% of respondents reported receiving one or more injuries serious enough to interfere with their daily activities. This was similar in men (22%) and women (19%).

Those individuals in the younger age group (18 to 34) were significantly more likely to have received such an injury ($p < 0.001$) (Figure 27).

Figure 27: Incidence of injury within the last two years by age



Place of injury

For those who had sustained an injury in the last two years, the most common place for the most recent injury to have occurred was at home in the house or garden (19%) or at work (19%). The place where the most recent injury occurred is shown below by gender and age (Table 20).

In young men (18 to 34), the greatest percentage of injuries occurred playing sport or at work, while in young women the greatest percentage of injuries occurred on the road in a car or on a bike or in the home and garden.

In the older age group (70+), injuries in both men and women occurred mainly in the home or garden or while on the road or pavement on foot.

The place of injury in the middle age groups (35 to 69) is more varied; however, it is interesting to see the relative lack of injuries in women while playing sport, which may reflect the fact that women are not undertaking this sort of activity.

Table 20: Place where most recent injury occurred by gender and age

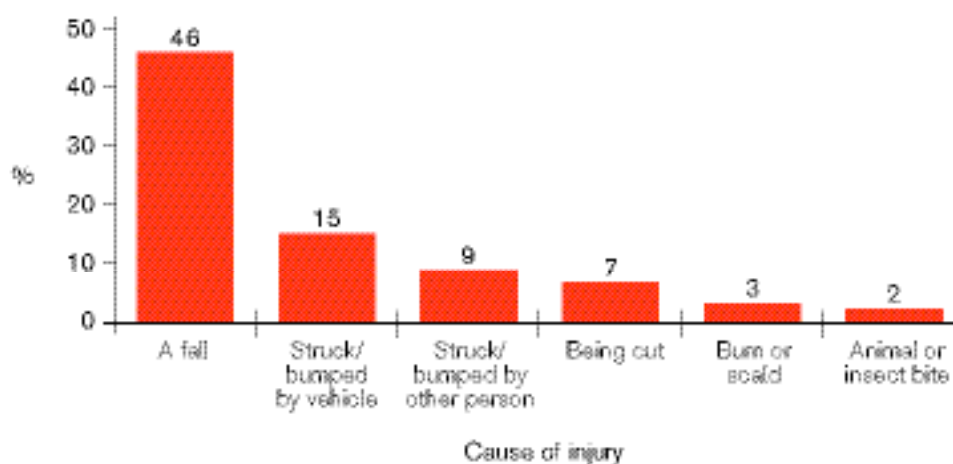
Males						
	Home or garden (%)	At work (%)	Playing sport (%)	On the road in car or on a bike (%)	On foot on the road or pavement (%)	Other (%)
18-34	12	22	43	9	5	8
35-54	25	32	25	11	3	5
55-69	25	29	13	13	16	4
70+	62	0	0	8	31	0

Females						
	Home or garden (%)	At work (%)	Playing sport (%)	On the road in car or on a bike (%)	On foot on the road or pavement (%)	Other (%)
18-34	24	8	15	28	18	8
35-54	25	22	9	18	15	11
55-69	49	11	0	11	25	5
70+	59	0	0	6	24	12

Cause of injury

Just under half (46%) of these recent injuries were attributed to a fall.

Figure 28: Cause of the most recent injury in those who had suffered an injury in the last two years



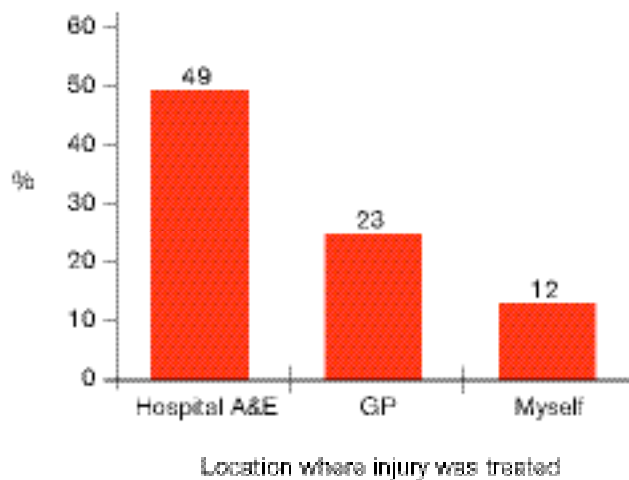
Note: 18% of respondents stated their injury was due to 'other' causes

Significantly more females (54%) compared to males (38%) attributed their most recent injury to a fall.

Treatment of injuries

Almost half (49%) of those who had suffered an injury in the past two years had attended the hospital accident and emergency department (A&E) for treatment, with just under one quarter (23%) attending their GP (Figure 29).

Figure 29: Location where injury was treated/person who treated injury (if any treatment was received)



Note: 16% of injuries either did not receive treatment or were treated in other locations/by other people

The use of seatbelts and helmets

Road traffic accidents are a serious cause of morbidity and mortality. Seatbelt use is an important factor in helping to decrease the severity of injuries.

Whilst the majority of respondents (89%) reported 'always' wearing a seatbelt whilst driving or riding in the front of the car, fewer (60%) reported 'always' wearing seatbelts when they rode in the back of a car. In both instances women were more likely to wear seatbelts than men (93% compared to 84% and 64% compared to 56%).

Wearing a helmet when riding a motorbike can help prevent serious head injuries in the case of an accident. One hundred and seventy eight people stated that they rode a motorbike and the vast majority (91%) of these confirmed they always wore a helmet when riding a motorbike. A further 3% 'often' did so with 1% 'sometimes' wearing a helmet; however, 5% reported 'rarely or never' wearing a helmet.

Wearing a helmet when riding a bike can also help prevent serious head injury in the case of an accident. Six hundred and three people stated that they rode a bike; however, only 22% of respondents reported 'always' wearing a helmet when riding a bike, while 64% reported 'rarely or never' doing so.

Family and social networks and neighbourhood

This chapter describes the support received by respondents to the Health and Lifestyle Survey, their local neighbourhoods and activities which respondents undertake within their communities.

Levels of support

Social support and social networks are known to influence emotional and mental wellbeing.¹¹

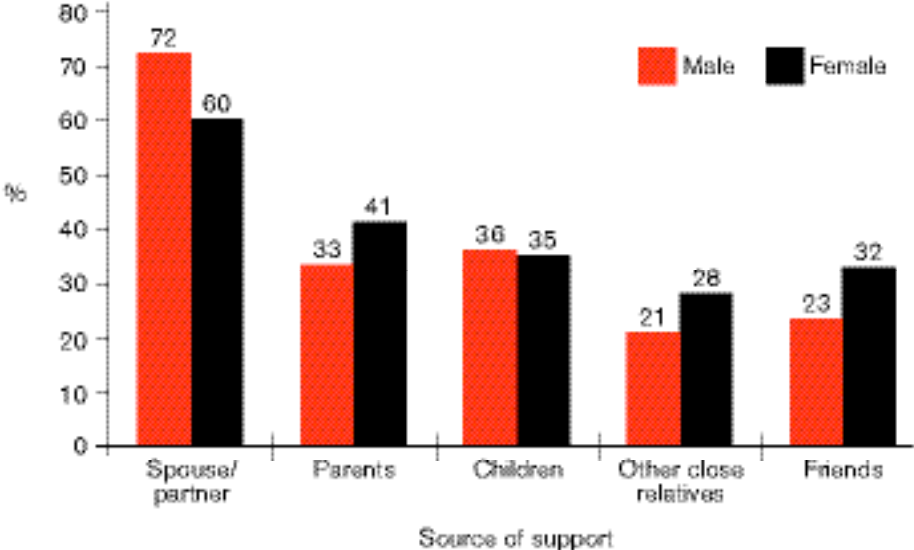
When asked to rate the support they get from those within their household, the wider family and people within the workplace, respondents identified that their strongest support was generally from their spouse or partner followed by support from parents or children (Table 21).

Table 21: Level of support received from household members, wider family and people in the workplace

	Very little support (%)	Little support (%)	Some support (%)	A lot of support (%)	Not applicable in my situation (%)
Spouse/partner	2	1	10	65	22
Parents	4	4	19	37	36
Children	3	4	25	35	32
Other close relatives	12	9	40	25	15
Friends	8	9	47	28	9
Employers/boss	10	10	33	12	37
Others from the workplace	9	7	36	13	35

There were significant differences between men and women. Men were more likely to report "receiving a lot of support" from their spouse or partner than women. Women were more likely to report receiving "a lot of support" from parents, close relatives or friends than men (Figure 30).

Figure 30: Percentage of respondents reporting receiving 'a lot of support' from household members, the wider family and people in the workplace by gender



Participation in organisations

Respondents were presented with a list of organisations and asked if they participated in any of their activities and if this was in their local area (Table 22).

Table 22: Participation in activities of various organisations

	Percentage of all respondents who participate in this activity (%)	Of those who participate, percentage who participate in local area (%)
Sports clubs, gym, exercise classes	31	89
Political parties, trade unions, environmental groups	4	85
Parent-teacher associations, tenants' groups, residential groups, neighbourhood watch, youth groups, other community action	13	94
Church or other religious/parish groups, charitable or voluntary organisations (eg collecting for charity, helping the sick, elderly)	37	88
Evening classes, arts or music groups, education activities	18	83
Social clubs (eg mother & toddler group, rotary club, women's groups, elderly group)	12	86
Other	3	82

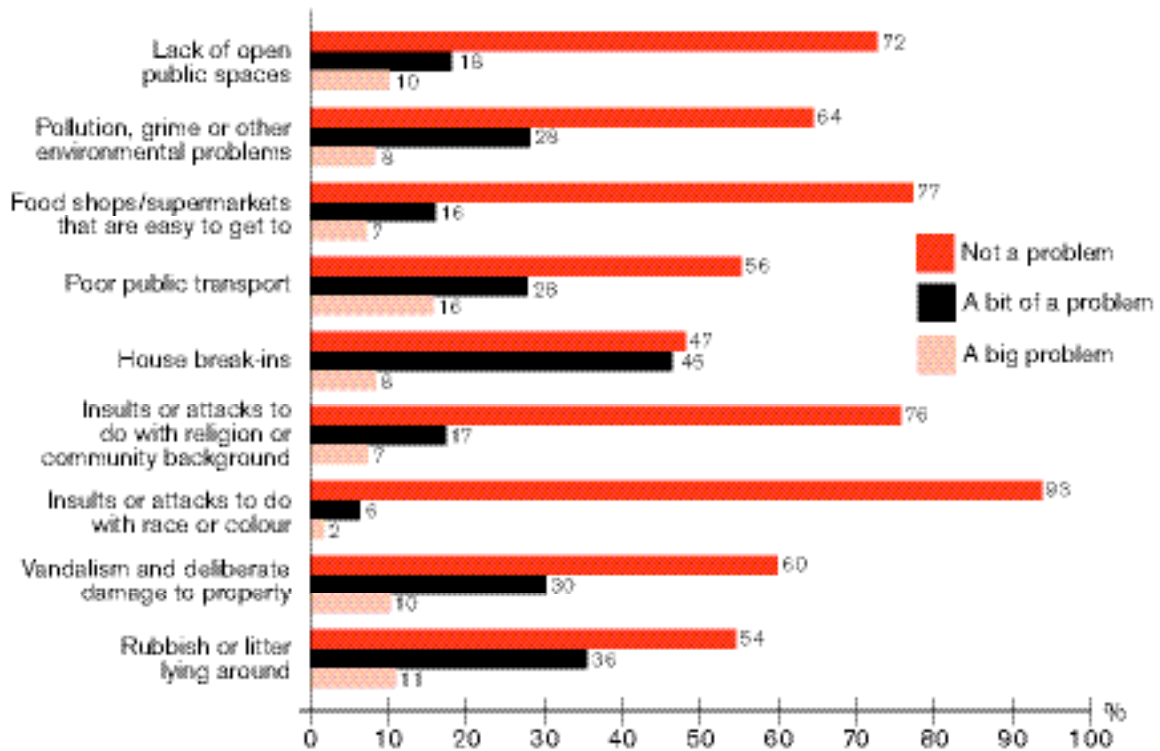
Participation in any of the listed organisations was relatively low. The most popular organisation in whose activities people participated was church or religious groups/charitable or voluntary organisations. This was followed by sports clubs, gyms or exercise classes. Participation in neighbourhood or residential groups, social clubs or evening classes was low with less than one fifth of people participating in these activities.

Where people did participate in the activities of any of these organisations, it tended to be within their local area. There was no difference in participation between the various age groups; however, women were more likely to participate in one of the listed organisations than men.

Local neighbourhoods

Poor public transport and rubbish or litter lying around were identified as the biggest problems within respondents' neighbourhoods, although lack of open public spaces, house break-ins, vandalism and pollution were also seen as problems (Figure 31).

Figure 31: Respondents' ratings of problems within their neighbourhoods



Play has an important role in promoting the health and social development of children. It encourages physical activity and interaction.

Over half of respondents (58%) felt there were places within their neighbourhood for children to play. Responses were similar for men and women, but more of those with a higher level of education and/or a higher level of household weekly income felt there were suitable places to play in their area (Figures 32 and 33).

Figure 32: Respondents' opinion on whether there were places for children to play safely in their neighbourhood by household income

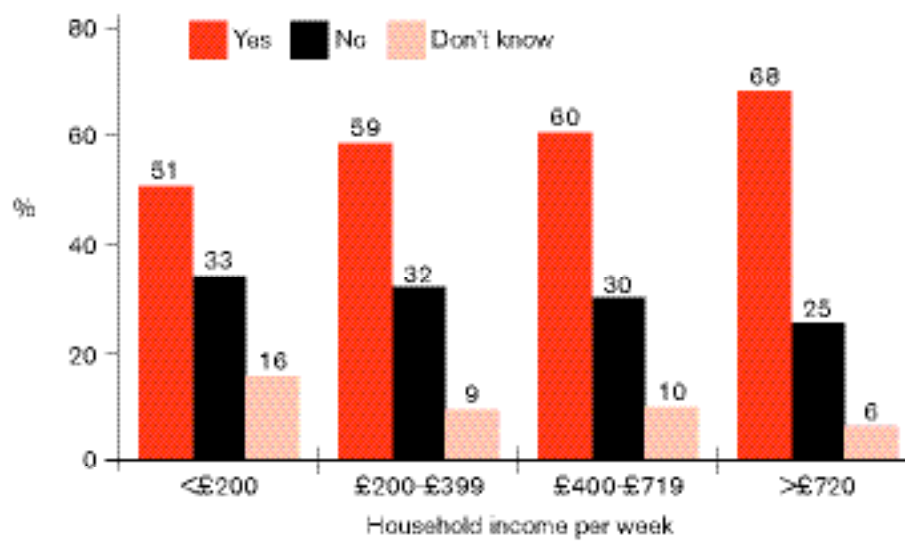
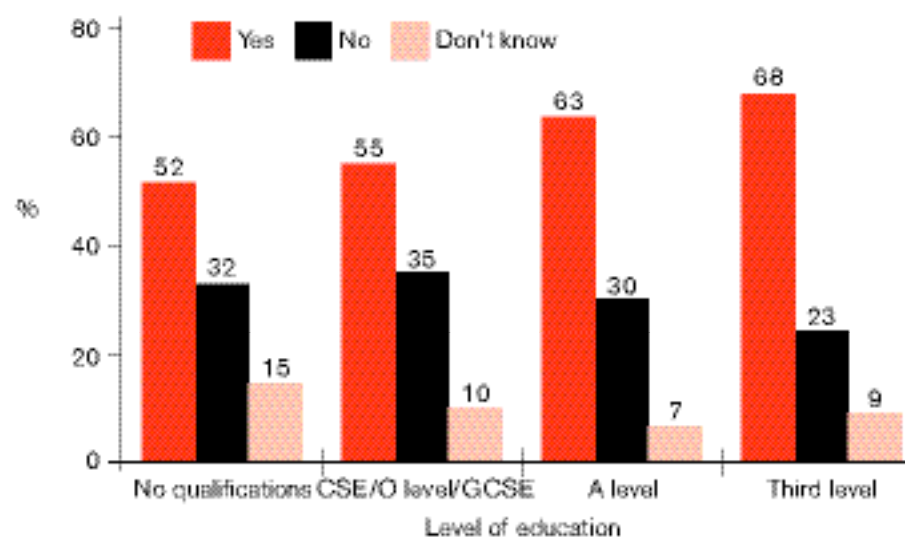


Figure 33: Respondents' opinion on whether there were places for children to play safely in their neighbourhood by educational level



Food habits

Dietary patterns are related to a number of health conditions, such as coronary heart disease, some cancers, obesity, hypertension, osteoporosis and dental decay.¹² This chapter describes the food habits of respondents to the Health and Lifestyle Survey.

Body mass index

Measures of weight and height were provided by respondents. These were used to calculate Body Mass Index (BMI).

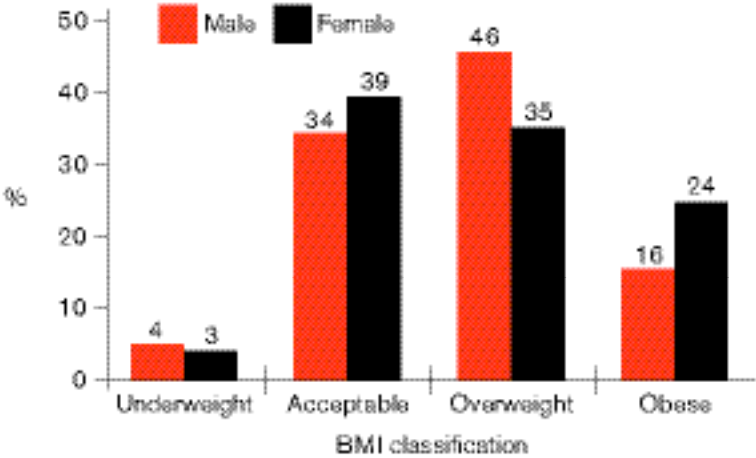
Table 23: BMI classification by gender

	Males	Females
Underweight	<20.0	<18.6
Acceptable	20.1-25.0	18.7-23.8
Overweight	25.1-29.9	23.9-28.5
Obese	>30.0	>28.6

Source: Royal College of Physicians of London (1983)¹³

Overall, 62% of men and 59% of women were overweight or obese (Figure 34).

Figure 34: BMI by gender



In women this was more likely to be in the older age groups, whereas in men the middle age groups had the greatest percentage of respondents who were overweight or obese (Table 24). Eight percent of men and 5% of women in the 18-34 year age group were underweight.

Table 24: BMI by gender and age

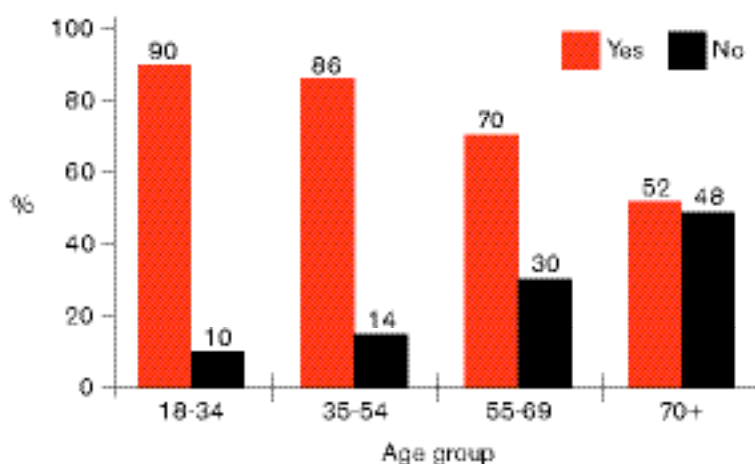
Age group	BMI classification				Base (n)
	Underweight (%)	Acceptable (%)	Overweight (%)	Obese (%)	
18-34	8	45	36	10	221
35-54	1	28	50	21	415
55-69	4	27	50	19	271
70+	4	52	40	4	113

Age group	BMI classification				Base (n)
	Underweight (%)	Acceptable (%)	Overweight (%)	Obese (%)	
18-34	5	52	27	16	345
35-54	1	36	37	26	507
55-69	1	31	40	28	279
70+	4	30	39	27	152

Food habits

The majority of respondents (79%) felt what they eat could be healthier. This was similar for men (78%) and women (80%) but varied significantly with age ($p < 0.001$). Younger respondents were more likely to think what they eat could be healthier (Figure 35).

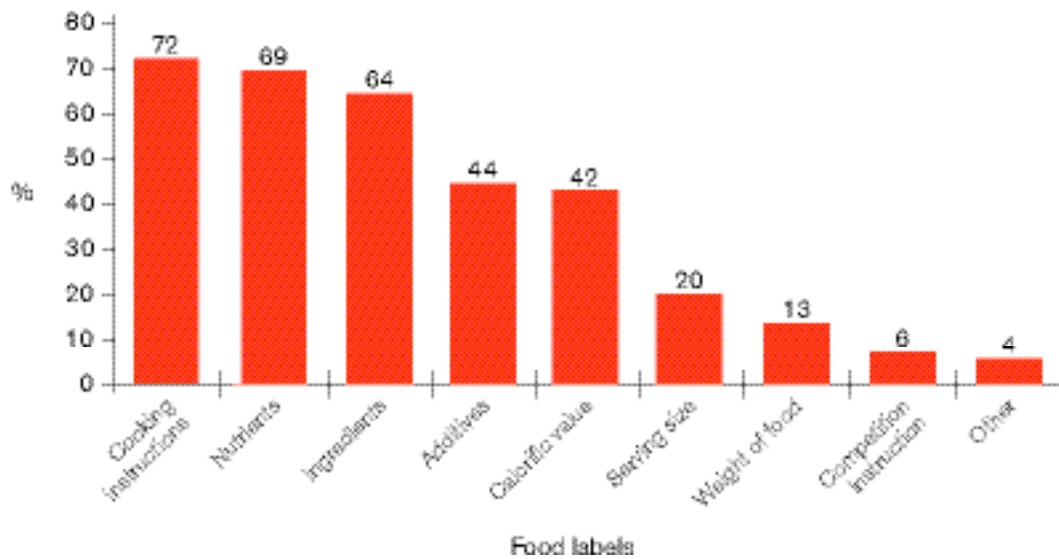
Figure 35: Percentage of respondents who think what they eat could be healthier by age



Sixty two percent of respondents reported that they read food labels. Women were more likely to do this than men (71% compared to 51%). There was no significant difference with age.

When reading food labels, the information respondents most commonly looked for were cooking instructions (72%), nutrients (69%) and ingredients (64%) (Figure 36).

Figure 36: What respondents look for on food labels



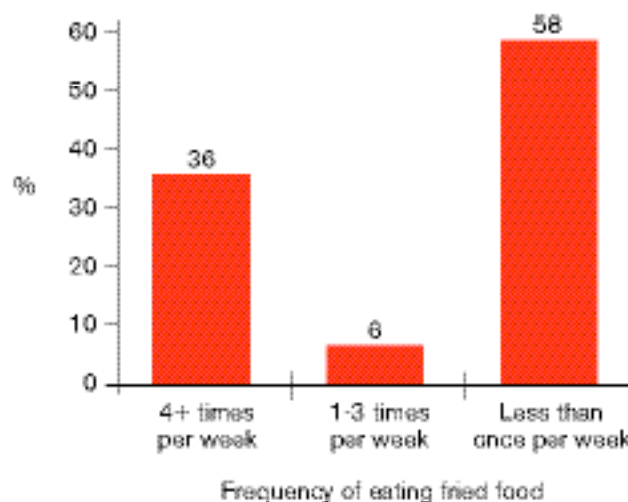
Thirty nine percent of respondents reported following a 'diet'. The most common types of diet were weight reducing (14%) and low cholesterol (11%).

Just under half (48%) of all respondents also reported taking vitamins, minerals or other food supplements during the past year. Women were more likely to have done so than men (53% compared to 42%). There was no significant difference between age groups.

Increased folic acid intake before conception and until the end of the twelfth week of pregnancy can help prevent neural tube defects. Thirteen percent of women of childbearing age (defined as 18 to 44 for the purposes of this question) reported taking folic acid tablets or multivitamins containing folic acid every day or most days during the past year. A further 22% reported sometimes taking folic acid tablets or multivitamins.

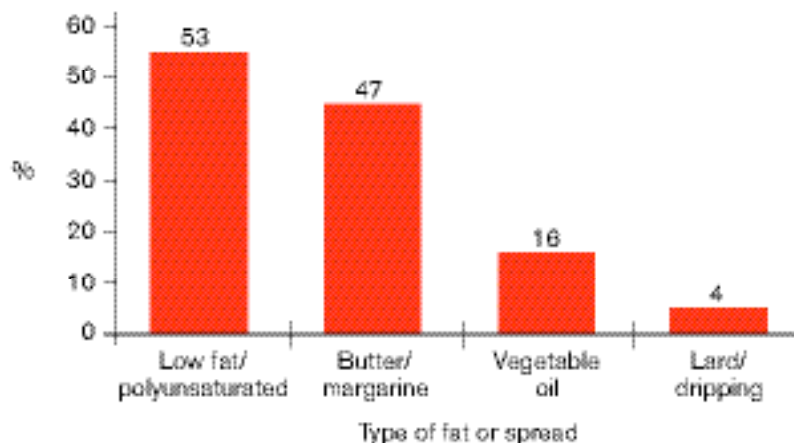
Thirty six percent of respondents stated that they eat fried food four or more times per week (Figure 37). This was greater in men (43%) than women (31%) ($p < 0.001$).

Figure 37: Frequency of eating fried food



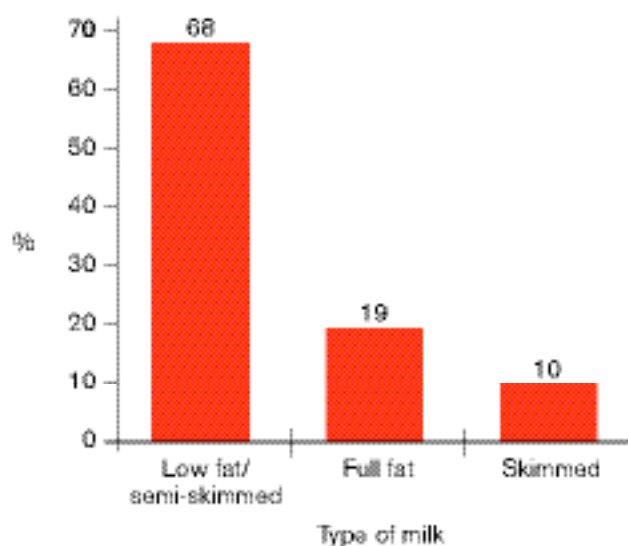
Respondents were provided with a list of four main types of spreads and fats and asked how often they consume each. Just over half (53%) reported using low fat or polyunsaturated spread every day or most days with 47% reporting using butter or margarine every day or most days.

Figure 38: Reported daily use of fats and spreads



Respondents were also provided with a comprehensive list of milk types and asked which they consume most often. The majority consumed low fat/semi-skimmed milk (Figure 39).

Figure 39: Top three milk types consumed most often by respondents



Note: 3% consumed other types of milk

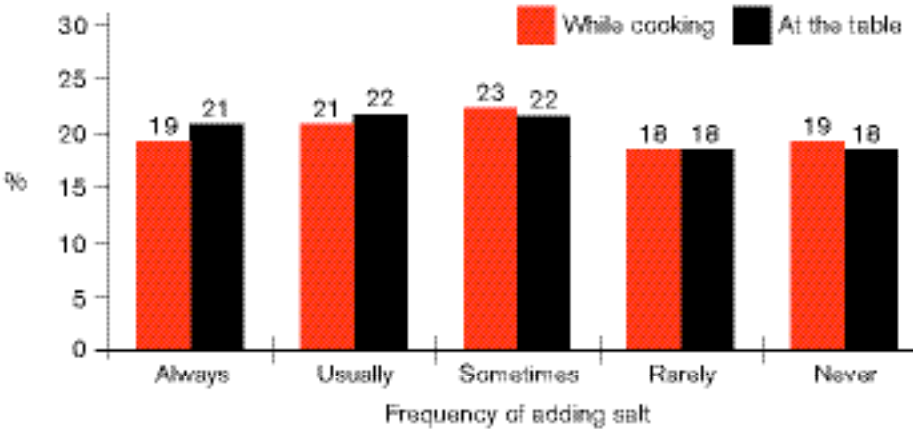
The amount of milk consumed by respondents on a daily basis is shown in Table 25.

Table 25: Respondents' daily milk consumption

Amount	%
None	6
¼ pint	32
½ pint	29
¾ pint	15
1 pint +	15
1 litre +	2

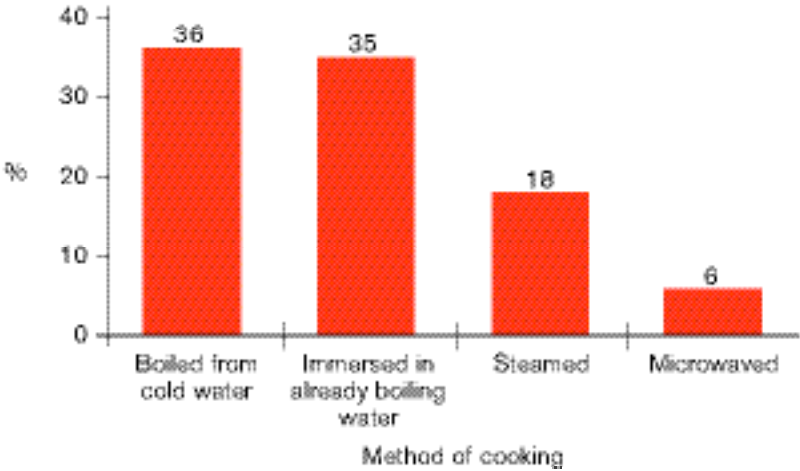
High levels of salt intake are associated with increased blood pressure, which is a major risk factor in the development of cardiovascular disease.¹⁴ Forty percent of respondents 'always' or 'usually' add salt to their food during cooking, while 43% add salt at the table (Figure 40).

Figure 40: Frequency of adding salt to food



The survey also asked what method people used to cook vegetables (excluding potatoes). Boiling from cold water was the most popular method (Figure 41), even though the other methods are better at retaining the vitamins in the vegetables.

Figure 41: Most frequently used methods to cook vegetables



Note: 5% of respondents used other methods

Twelve percent of respondents reported eating at a fast food outlet at least once per week with 9% reporting eating home delivered food (eg Chinese takeaway or pizza) at least once per week. Both of these were more common in men than women (Table 26).

Table 26: Percentage of respondents eating in a fast food outlet or via home delivery at least once per week by gender

	Male (%)	Base (n)	Female (%)	Base (n)
Fast food outlet	15	965	10	1,199
Home delivery	10	976	9	1,241

Breastfeeding

Breastfeeding is important to give babies a healthy start to life. It has a number of benefits, including protecting babies from middle ear, respiratory and urinary tract infections, and gastroenteritis, reducing the risk of allergic disorders and insulin dependent diabetes in children and reducing the risk of cancer of the ovary or osteoporotic hip fractures for mothers.¹⁵

Just under half (44%) of female respondents who had children had breastfed some or all of their children. This varied significantly ($p < 0.001$) with age (Table 27).

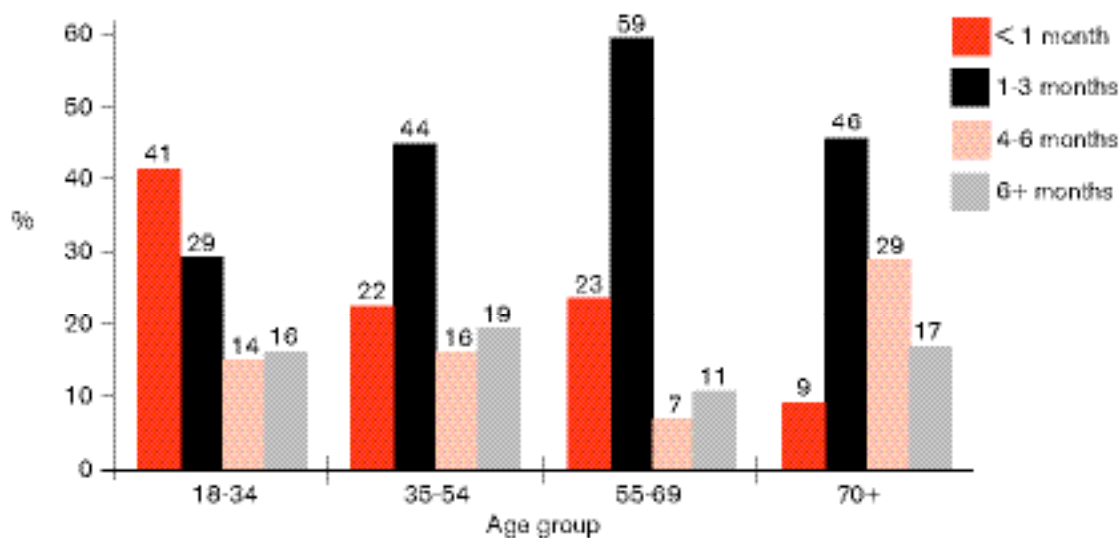
Table 27: Number of women who had breastfed any of their children by age

	Breastfed any of their children		Base (n)
	Yes (%)	No (%)	
18-34	47	53	152
35-54	49	51	452
55-69	27	73	239
70+	53	47	112

Of the women who had breastfed, 76% had breastfed their last child. The majority of these women had breastfed exclusively, as opposed to combining breast and bottle feeding.

For the women who had breastfed exclusively, the duration of breastfeeding was shorter in younger women, with 41% breastfeeding exclusively for less than one month.

Figure 42: Comparison of age and duration of exclusive breastfeeding for women who breastfed their last child



General wellbeing

The General Health Questionnaire 12 (GHQ12) was included in the survey. This measures general psychological health and wellbeing.²

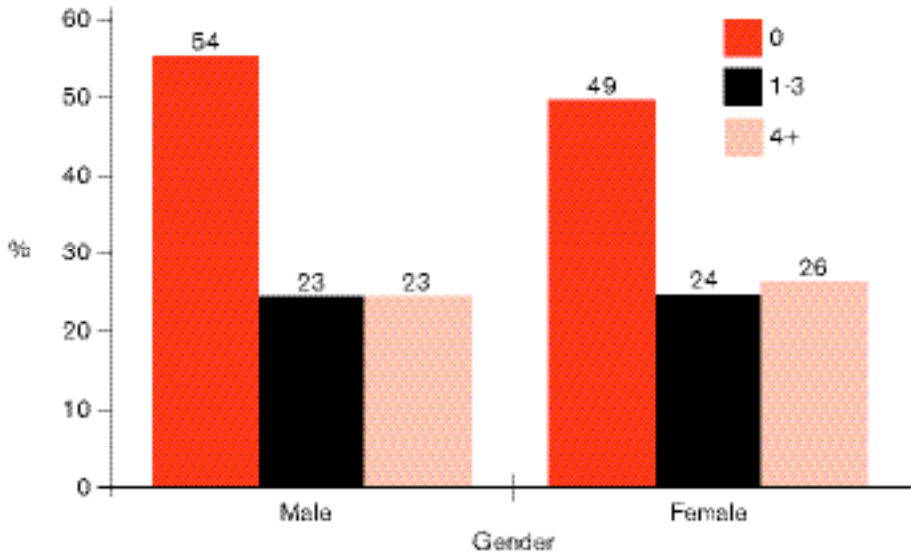
The 12 variables measured using this instrument relate to the issues of concentration, sleep, feeling useful, making decisions, feeling under strain, being able to overcome difficulties, enjoyment of day-to-day activities, facing up to problems, depression, self confidence, and feelings of worthlessness or happiness.

The variables were grouped into categories and an overall score computed, using a standardised scoring method. The scores were grouped as 0, 1-3 and 4 or more. Those who score 0 on the questionnaire are categorised as “happy”, while respondents with a high GHQ12 score of 4 or more can be regarded as showing signs of a possible mental health problem such as depression.

Just over half (52%) of all respondents scored 0, 24% scored 1-3 and a quarter (25%) scored 4 or more.

There was a significant difference ($p < 0.001$) between men and women, with more men having a score of 0 and more women having a GHQ12 score of 4 or more (Figure 43).

Figure 43: GHQ12 score by gender



There was no significant difference with age; however, a significant difference was noted with educational level ($p < 0.001$)(Table 28).

Table 28: GHQ12 score by educational level

	0 (%)	1-3 (%)	4+ (%)	Base (n)
No qualifications	51	21	29	832
CSE/O level/GCSE	52	26	22	646
A level	51	26	23	269
Third level	53	25	22	599

Twenty nine percent of those with no qualifications had a GHQ12 score of 4 or more, a greater proportion than among those with higher levels of education.

A significant difference was also seen with household weekly income ($p < 0.001$). A greater percentage of those with a household weekly income of less than £200 had a score of 4 or more compared to those with higher household weekly incomes (Table 29).

Table 29: GHQ12 score by household weekly income

	0 (%)	1-3 (%)	4+ (%)	Base (n)
<£200	40	24	35	580
£200-399	53	23	24	800
£400-719	56	25	19	575
>£720	59	26	15	280

Comparisons with SLÁN

This section compares some of the key outcomes from the Health and Lifestyle Survey for Northern Ireland 2002 (HALS) with outcomes from the Survey of Lifestyle, Attitudes and Nutrition 2002 (SLÁN) carried out in the Republic of Ireland.

General health

Forty three percent of respondents to HALS described their general health as excellent or very good. This showed an inverse relationship with age. Similar trends were observed in SLÁN, where older people were less likely to rate their health well compared to younger respondents; however, the overall percentage of respondents to SLÁN rating their general health as excellent or very good was higher (55%).

Slightly higher numbers of respondents to SLÁN rated their quality of life as good or very good compared to HALS (men 84% compared to 79%, women 87% compared to 81%).

Satisfaction with health was also higher in respondents to SLÁN, with 71% of men and 74% of women reporting being satisfied with their health compared to 65% of men and 66% of women in HALS.

The total number of respondents indicating that their daily activity or work was limited by a long-term illness, health problem or disability was greater in HALS than in SLÁN for both men and women (21% compared to 13% and 19% compared to 12% respectively).

Less stress and change in weight were identified in both surveys as the top two factors which respondents believed would improve their health.

The GP was identified as the main source of health information by respondents to both surveys.

A greater number of respondents to SLÁN reported having all their own teeth compared with respondents to HALS (men 29% compared to 17%, women 26% compared to 22%). Fluoridation of the public water supplies in the Republic of Ireland has been a major factor in improving dental health there.

In this survey 80% of women and 72% of men had had their blood pressure measured within the last year. This is similar to rates found in SLÁN, where 83% of women and 67% of men had had their blood pressure measured within the last year.

Rates for the measurement of cholesterol within the last year were similar in women in both surveys, but were higher in men in HALS (42% compared to 30% in SLÁN).

Fewer respondents to HALS had had a general health check up within the last three years (58% of men and 56% of women compared to 64% of men and 69% of women in SLÁN). The most common venue for these health checks was the respondent's own doctor's surgery.

Physical activity

Forty five percent of respondents to HALS engaged in regular physical activity (at least 20 minutes at a time of mild exercise on four or more days of the week and/or moderate or strenuous exercise on three or more days of the week). This is less than that found in SLÁN, where 51% percent of respondents engaged in regular physical activity. Both surveys found that men were more likely to undertake strenuous physical activity than women.

Tobacco use

Twenty two percent of respondents to HALS were current smokers. This is a lower proportion than that found in SLÁN where 27% of respondents reported being current smokers. However, it must be noted that the rate found in HALS is low compared to prevalence rates of smoking in Northern Ireland which have been quoted in other studies. The highest rates of smoking were seen in the younger age groups in both surveys.

Alcohol

In HALS, 70% of respondents had consumed alcohol in the previous month. This is less than that found in SLÁN, where 78% of respondents had consumed alcohol in the previous month. Of those who consumed alcohol, 62% of respondents to HALS reported usually drinking alcohol in a typical week (71% of men and 54% of women) which was similar to rates in SLÁN, where 72% of men and 56% of women reported doing so.

Six percent of respondents to HALS reported driving a car after consuming two or more alcoholic drinks (10% of men and 3% of women). These rates are much lower than those found in SLÁN, where 22% of men and 9% of women had reported having done so.

Accidents and injuries

Twenty percent of respondents to HALS had received an injury serious enough to interfere with their daily activities in the last two years (22% of men and 19% of women). Similar rates of injury were found in SLÁN (17% overall, 21% of men and 14% of women). An inverse relationship with age was seen in both surveys.

The site of injury was similar in both studies and fall was the most frequent cause of injury in both.

A greater percentage of respondents reported attending their own GP for treatment of their injury in SLÁN than in HALS (29% compared to 23%) with fewer people attending A&E (40% compared to 49%).

Eighty nine percent of respondents to HALS reported always wearing their seatbelt in the front of the car. Rates for respondents to SLÁN were slightly lower at 84%. Similar patterns were seen with gender, with women being more likely to wear seatbelts in both studies.

Food habits

Similar numbers of respondents felt what they eat could be healthier in both surveys (78% of men and 80% of women in HALS compared with 78% of men and 76% of women in SLÁN).

Similar numbers also reported reading food labels (71% of women and 51% of men in HALS compared with 74% of women and 52% of men in SLÁN).

A much larger percentage of respondents to HALS reported eating fried food four or more times per week (36% compared to 11% in SLÁN). Similar numbers of respondents to both surveys used butter or hard margarine daily (47% and 48%).

More women in HALS had breastfed some or all of their children than was found among female respondents to SLÁN (44% compared to 37%). A greater number of women who had breastfed had also breastfed their last child (76% compared to 73%).

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