HEALTHY IRELAND SURVEY 2016

Summary of Findings

Ipsos MRBI

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2
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nó trí aon díoltóir leabhar.

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Acknowledgment

The Healthy Ireland Survey is one of the largest social surveys conducted in Ireland, and would not be possible without the hard work of many within the Department of Health, Ipsos MRBI and various other individuals. However a special note of thanks must go to the respondents who gave freely of their time and welcomed an interviewer into their home.

Contents

HEALTHY IRELAND SURVEY 2016

KEY SURVEY FINDINGS

HEALTH BEHAVIOURS

Proportion of the population who...	2015	2016
Smoke	23%	23%
Drink alcohol	76%	75%
Binge drink on a typical drinking occasion	30%	28%
Eat snack foods daily (other than fruit/vegetables/yoghurt)	62%	60%
Drink sugar sweetened drinks daily	15%	14%
Eat five or more portions of fruit or vegetables daily	26%	27%

GENERAL HEALTH

Proportion of the population who	2015	2016
Describe their health as good or very good	85%	84%
Indicate a probable mental health problem	9%	10%

MAKING CHANGES

	2015	2016
Proportion of smokers who would like to stop smoking	48%	48%
Proportion of drinkers who would like to cut down on the amount of alcohol they drink	7%	8%
Proportion of the population who would like to be more physically active	38%	40%
Proportion of the population who would like to control or lose weight	28%	24%
Proportion of the population who would like to eat more healthily	29%	29%

01 Executive Summary

Introduction

- This report provides an overview of results from the second wave of the Healthy Ireland Survey, an annual interviewer administered face-to-face survey commissioned by the Department of Health
- The survey data plays a number of roles, including supporting the Department in ongoing engagement and awareness-raising activities in the various policy areas and supporting better policy development
- The second wave consists of 7,498 interviews conducted with a representative sample of the population aged 15 and older living in Ireland
- Survey fieldwork was conducted by Ipsos MRBI between September 2015 and May 2016. Respondents were selected using a probability-based methodology and interviewed in their homes

Smoking

- 23% of the population are current smokers. 19% smoke daily and 4% smoke occasionally
- Recruitment of new smokers continues at a high rate with 20% of those aged under 25 currently smoking
- 48% of all who have smoked in the past year have made an attempt to quit during that period
- Three in five smokers are at least thinking about quitting. 11% are currently trying to quit and a further 20% are actively planning to quit
- 18% of the population in Ireland are exposed to second-hand smoke on a daily basis

Alcohol

- Three-quarters of the population have drunk alcohol in the past year, with 41% drinking at least once a week
- 37% of drinkers indicate that they drink six or more standard drinks (binge drinking) on a typical drinking occasion
- 29% of those who do not categorise themselves as an occasional binge drinker consume six or more standard drinks at least once a month

Diet and Nutrition

- Three in five (60%) eat snacks every day with most of these (42% of the population) eating 6 or more portions daily
- Just over a quarter (27%) eat the minimum recommended guideline of five portions of fruit and vegetables daily
- Almost three-quarters (74%) eat breakfast every day, while 4% never eat breakfast
- 18% of women aged 25 to 34 take a folic acid supplement and 5% of those younger than this do so

Physical Activity

- Almost two thirds (65%) are aware that people should be active for at least 150 minutes each week
- 56% think they undertake a sufficient level of physical activity. The initial wave of this survey identified that 32% undertake a sufficient level of physical activity
- 91% of those who feel they do not undertake a sufficient level of activity would like to be more physically active
- The most common reasons for not participating in more activity are being too busy (43%) or already doing enough (31%)
- The average amount of time spent sitting each day is 396 minutes (6 hours 36 minutes)

Clustering of Unhealthy Behaviours

- Four types of unhealthy behaviours were included in this analysis. These were smoking, binge drinking, consuming less than five portions of fruit or vegetables daily, spending eight or more hours a day sitting (sedentary behaviour)
- Over eight in ten (86%) in the population have at least one unhealthy behaviour, with approximately half (46%) having multiple (two or more) unhealthy behaviours
- Over nine in ten smokers and a similar proportion of drinkers have at least one other unhealthy behaviour
- 59% of men have multiple unhealthy behaviours, compared to 34% of women

Sexual Health

- Just under half (45%) used some form of contraception on their most recent occasion of sex
- Usage of contraception is highest among those 17 to 24 (83%) and declines across each proceeding age group
- 20% of those not in a relationship with their most recent sexual partner did not use any form of contraception
- 25% used a condom on the most recent occasion of sex, and 18% used a contraceptive pill

General Health

- 84% of the population aged 15 and older perceive their health to be very good or good. 3% perceive their health to be bad or very bad
- 28% indicate that they have a long-standing illness or health condition
- 92% indicate that they would like to make a change to improve their health and wellbeing
- The most common change that people would like to make is to be more physically active (40%), followed by being more financially secure (31%), sleeping better (30%) and eating more healthily (29%)

Health Service Utilisation

- 72% have visited a GP in the past 12 months, with an average of 4.5 visits per person among all aged 15 and older
- The average annual number of GP visits rises from 3.4 visits among 15 to 24 year olds to 8.4 among those aged 75 and older
- 31% have consulted a nurse in a GP surgery in the past 12 months, with an average of 1.4 visits per person among all aged 15 and older
- 27% have consulted a medical or surgical consultant in the past 12 months, with an average of 1.2 visits per person among all aged 15 and older

- 12% have visited an Emergency Department in the past 12 months
- 11% of the population have been admitted to hospital in the past 12 months. 9% have been admitted to a public hospital and 3% have been admitted to a private hospital

Mental Health

- Men reported higher positive mental health scores than women (69.8 and 65.9 respectively)
- Similarly, higher positive mental health was reported among younger people than older people (15-24: 69.1; 75 and older: 61.6)
- Those living in Dublin report lower scores on the Mental Health Index-5 (MHI-5) scale than those living elsewhere (77.2 and 82.8 respectively). This suggests higher levels of psychological distress in Dublin
- Approximately half (52%) have had some experience of people with mental health problems

02 Introduction

The Healthy Ireland Survey is an annual interviewer administered face-to-face survey commissioned by the Department of Health. It is part of the Healthy Ireland Framework to improve the health and wellbeing of people living in Ireland.

The objectives of this survey are to:

- Provide and report on current and credible data to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations, and to report on the health of people living in Ireland
- Feed into the Outcomes Framework for Healthy Ireland and contribute to assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focussed approach, leading to enhanced responsiveness and agility from a policymaking perspective
- Support the Department of Health and other stakeholders in ongoing engagement and awareness-raising activities in the various policy areas and support better understanding of policy priorities

This report provides an overview of results from the second wave of this survey. The second wave consists of 7,498 interviews conducted with a representative sample of the population aged 15 and older living in Ireland. Respondents were selected using a probability-based methodology and interviewed in their homes. Survey fieldwork was conducted by Ipsos MRBI between September 2015 and May 2016.

This wave of the Healthy Ireland Survey covers a variety of topics including:

- Smoking
- Alcohol
- Diet and nutrition
- Physical activity
- Sexual health
- General health
- Health service utilisation
- Mental health

Where appropriate, survey results are compared to results of the first survey wave conducted between November 2014 and August 2015. A report on this first wave of the survey has been published separately.[1]

In addition to providing an overview of survey results, this report also provides a more in-depth analysis of two areas – physical activity and clustering of unhealthy behaviours. This explores four unhealthy behaviours (smoking, binge drinking, not eating five or more portions of fruit and vegetables daily and sitting for eight or more hours a day) to understand the extent to which these behaviours co-exist or cluster within the Irish population.

At the time of publication, survey fieldwork on the third wave of the Healthy Ireland Survey is already underway and publication of results is expected in Autumn 2017.

[1] http://www.healthyireland.ie/about/research/healthy-ireland-survey/

03 Survey Methods and Technical Overview

The Healthy Ireland Survey utilises an interviewer-administered questionnaire with interviews conducted on a face-to-face basis with individuals aged 15 and over. This is the second wave of the survey conducted between September 2015 and May 2016. It involves 7,498 interviews with a representative sample of those living in Ireland. It follows the first wave conducted between November 2014 and August 2015.

Topics covered by this wave include:

- Smoking
- Alcohol
- Diet and nutrition
- Physical activity
- Sexual heath
- General health
- Health service utilisation
- Mental health

After completing the face-to-face survey questionnaire, respondents aged 17 and over were asked to complete a self-completion questionnaire on issues relating to sexual health. A total of 5,916 respondents (80% of those aged 17 and over) provided a valid answer to at least one question in this section.

Approval to conduct the study was provided by the Research Ethics Committee at the Royal College of Physicians of Ireland.

Questionnaire Design

In order to ensure accurate monitoring and to build a trend series of data the core of this questionnaire is the same as used in the initial wave of this survey. However, a number of amendments were made to other parts of the survey questionnaire in order to provide data on additional areas of interest and to provide further context on the health behaviours of the Irish population.

In designing and revising the questionnaire consideration was given to aligning survey topics with key objectives of the Healthy Ireland Framework as well as ensuring comparability with other relevant data sources, both nationally and internationally.

Sample Design

In order to ensure a representative sample of the Irish population aged 15 and over a multi-stage probability sampling process was undertaken. Interviewers visited pre-selected addresses and sought to interview a randomly selected individual at each selected address.

The use of a probability sampling approach ensures that the survey sample comprehensively represents the defined population (in this case, those aged 15 and over). In adopting this approach every member of the defined population has a calculable chance of being included in the sample.

The initial stage of the sampling process was to select a representative distribution of sampling points around the country. In order to do so all electoral divisions were stratified by region and socio-demographic factors and 686 sampling points were selected using a random start point and systematic skip. As some of the electoral divisions were larger than the systematic skip these were selected more than once and multiple sampling points were utilised within these areas.

On this basis 641 electoral divisions (or combinations thereof) contained one sampling point, 16 contained two sampling points, 3 contained three sampling points and 1 contained 4 sampling points.

GeoDirectory (a listing of all addresses in the state that is maintained by An Post) was used to select specific addresses to be contacted to seek an interview. Using the full list of addresses within each selected electoral division, a random start point and systematic skip was used to select 20 addresses in each sampling point. This provided a total sample of 13,720 addresses throughout Ireland.

Each of these addresses was visited by an Ipsos MRBI interviewer. To ensure that the correct address was visited, interviewers were provided with a GPS device with preloaded co-ordinates for selected households. As a high proportion of addresses are shared across multiple households this ensured that the integrity of the sampling process was maintained.

In the cases where there was no response when the interviewer contacted the address, further contacts were conducted on different days and different times of day. If the interviewer had still not received a response following five separate visits, then this address was considered unsuccessful.

When establishing contact with the household the interviewer was required to list all individuals aged 15 and over ordinarily resident at that address. One individual was then selected randomly (using a KISH Grid approach) to take part in the survey and this was the only individual that could be interviewed at that address.

Interviewer Briefing and Training

A total of 104 interviewers worked on this wave of the survey. All interviewers received extensive training before commencing fieldwork. The training sessions were led by the Project Director at Ipsos MRBI and provided comprehensive instructions on all aspects of the project. Topics covered by the training sessions included:

- Background to the study
- Questionnaire coverage
- Social class coding
- Sampling and Contact Sheets
- Ethical considerations
- Maximising survey response
- Project administration

In addition to the in-person training received, all interviewers were also provided with detailed written instructions on all aspects of the project. Interviewers also had ongoing access to telephone support from field management staff throughout the fieldwork period.

Survey fieldwork and response rate

All selected households were visited between September 2015 and May 2016. In advance of an interviewer contacting the household, the householder received two letters. The first advance letter was on Department of Health headed paper indicating that the household had been selected to participate and provided background to the study. The second advance letter was on Ipsos MRBI headed paper and provided further detail on the study and what was required when participating.

A total of 37,589 visits were made to the 13,720 selected addresses. 9,557 (70% of all addresses) received multiple visits, with an average of 2.7 visits made to each selected address.

The first task when establishing contact with a household was to identify the survey respondent. Before commencing an interview, each respondent provided informed consent to participate in the survey.

In order to facilitate a measurement of survey response and non-response interviewers recorded details of each visit on a contact sheet. Analysis of the data generated from these contact sheets shows that the survey achieved a response rate of 60%.

Data cleaning and validation

As the survey was conducted through CAPI (Computer Assisted Personal Interviewing) the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding was conducted to ensure the accuracy of the final dataset.

Additionally, 141 sampling points were randomly selected for survey validation. Households in these sampling points were re-contacted to verify the interview process and to assess the quality of interview. Included in this process were households that had participated in the interview as well as those which had refused.

Data weighting

While the sampling process is designed to deliver a representative sample of households and individuals throughout the country, differential response levels means that the survey sample is not a fully accurate representation of the population. As such, the aim of survey weighting is to bring the profile of respondents in line with the population profile.

Survey non-response can cause bias if the individuals who do not participate are systematically different to the individuals who take part. For example, it is often the case that young men are the most reluctant participants to social research, hence most weighting schemes include an adjustment for age and sex. By adjusting on known factors (i.e. characteristics for which population data is known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, two weights were produced – a main survey weight and a separate weight for sexual health data.

The main survey weight involves both selection weights and non-response adjustments. A selection weight overcomes any biases that may arise due to individuals from larger households being under-represented in the sample (these individuals had a lower chance of selection than those in smaller households). Non-response adjustments were made using known population statistics published by the Central Statistics Office. The variables used in this respect were: age by gender, education, work status of the respondent and region.

Separate weights were also produced for sexual health data. This was done to overcome differences in response to these parts of the survey (for example older respondents were typically less likely to participate in this module). These weights were generated using logistic regression modelling. This model makes best use of the available data from other parts of the questionnaire to adjust for non-response behaviour. The variables used in this respect were: age by gender, education, work status of the respondent, region, general health, marital status, ethnicity and whether the individual has ever drunk alcohol.

Data analysis and reporting

This report presents an overview of the results emerging from the study. At this stage the analysis focuses on presenting key figures at population level as well as sub-group analysis across gender, age, social class and deprivation index. It also compares results to those collected in the first wave of the survey.

Please note, due to rounding, there may be occasions throughout this report where percentages displayed within the text or any table or chart may not sum to 100% exactly.

Deprivation index

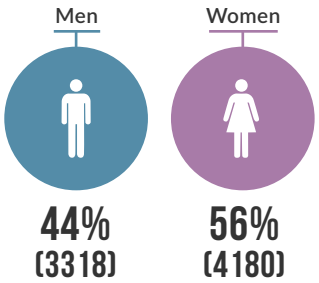
The deprivation index used throughout the report is that designed by Haase and Pratschke (2012). This differs from the index used in the first report and this change is introduced to ensure consistency with reporting of census results.

The index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses. A scoring is given to the area based on a national average of zero and ranging from approximately -35 (being the most disadvantaged) to +35 (being the most affluent). Data for this report are presented in terms of deciles.

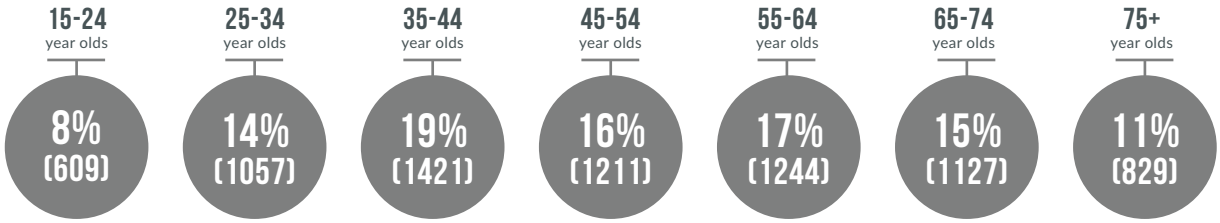
SURVEY RESPONDENTS

Profile of unweighted sample before post-survey weights applied

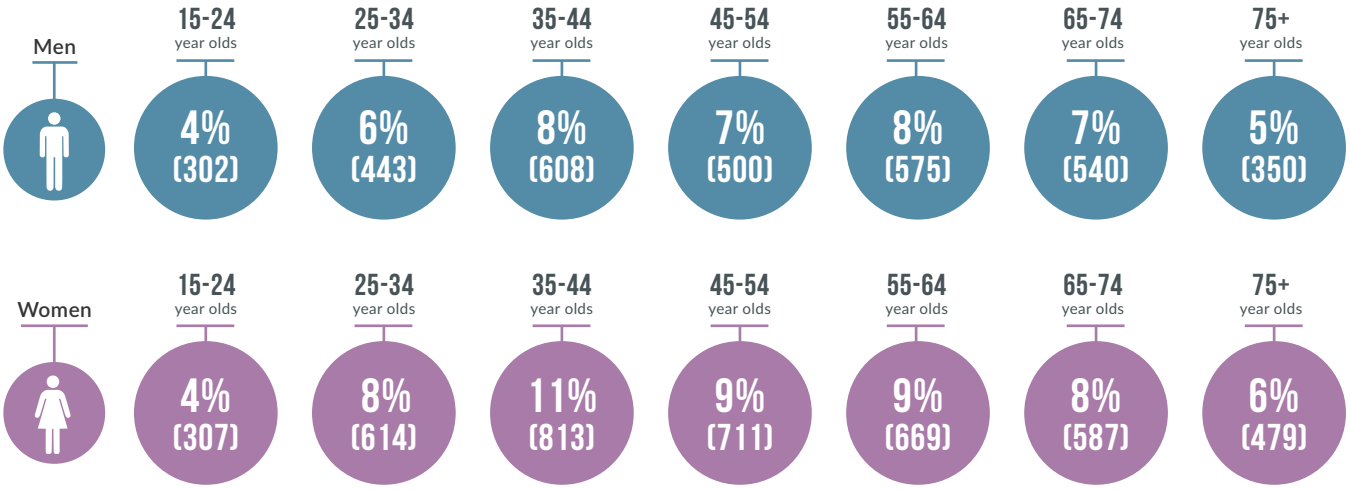
TOTAL BY GENDER



AGE



AGE BY GENDER



Section 1

04 Smoking

Smoking

- 23% of the population are current smokers. 19% smoke daily and 4% smoke occasionally
- Smoking rates are highest among those aged 25 to 34 (33%), and decline with age to 9% of those aged 75 and older
- Recruitment of new smokers continues at a high rate with 20% of those aged under 25 currently smoking
- Among those aged 35 and older, there are considerably more ex-smokers (32%) than current smokers (20%), however the situation is reversed among those younger than this: 14% are ex-smokers, but 27% are current smokers
- Women aged under 25 are more likely to smoke than men of the same age: 21% and 18% respectively

Quitting

- 48% of all who have smoked in the past year have made an attempt to quit during that period
- Of the 10% who successfully quit smoking in the past 12 months, almost half (48%) did so through willpower alone. Almost a third (32%) used e-cigarettes as a quitting aid
- Three in five smokers are at least thinking about quitting. 11% are currently trying to quit, and a further 20% are actively planning to quit

Interactions with health professionals in relation to quitting smoking

- A third (33%) of smokers who saw their GP in the past 12 months had discussed ways of giving up smoking. 27% of those who saw a hospital doctor had a conversation about quitting
- Among those who have seen certain health professionals, women are more likely to have had a discussion about quitting. 37% of women who have seen a GP have had this discussion, compared with 29% of men

E-cigarettes

- 14% of the population have tried e-cigarettes at some point, however only 3% still use them
- 45% of smokers, 13% of ex-smokers and 1% of those who have never smoked have tried e-cigarettes at some point
- 6% of ex-smokers currently use e-cigarettes, and a further 7% have previously used them

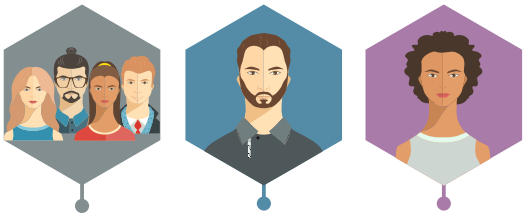
Exposure to Second Hand Smoke

- 18% of the population in Ireland are exposed to second-hand smoke on a daily basis
- Exposure to second-hand smoke is highest among those aged 15 to 24 (28%), with 21% of non-smokers aged 15 to 24 exposed to second-hand smoke daily
- Non-smokers in more deprived areas are more likely to be exposed to second-hand smoke than those in more affluent areas

SMOKING

SMOKING PREVALENCE

Prevalence by Gender

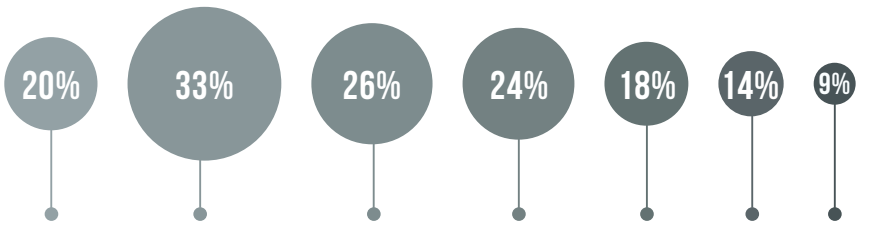


23% TOTAL

26% MEN

20% WOMEN

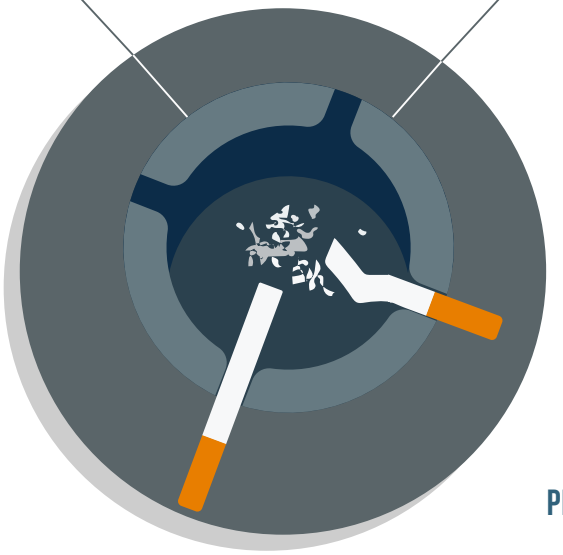
Prevalence by Age



QUITTING

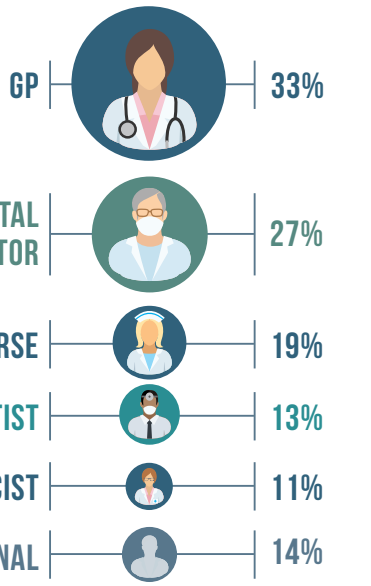
ATTITUDES TO QUITTING

- 11% Trying to quit
- 20% Actively planning to quit
- 28% Thinking about quitting but not planning to
- 40% Not thinking about quitting



PROPORTION OF SMOKERS WHO HAVE DISCUSSED QUITTING WITH A HEALTH PROFESSIONAL*

*Based on all those seeing a health professional in the last 12 months



OTHER FACTORS

E-CIGARETTE USAGE

Among Smokers

- 8% Use Currently
- 37% Used Previously

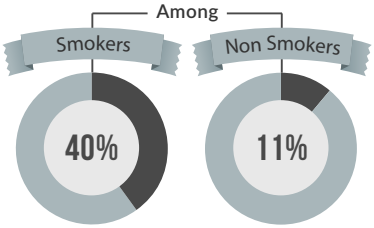
Among Ex Smokers

- 6% Use Currently
- 7% Used Previously

Among Never Smokers

- <1% Use Currently
- 1% Used Previously

DAILY EXPOSURE TO SECOND HAND SMOKE



05 Alcohol

Alcohol consumption

- Three-quarters of the population have drunk alcohol in the past year
- Over half (55%) of drinkers drink at least once a week, with weekly drinking highest among those aged 55 to 64 (66%)
- The majority of drinkers aged 35 and older who drink do so at least once a week, however there is a notable difference between the genders with 68% of men and 52% of women drinking weekly
- Drinkers living in more affluent areas are more likely to drink at least once a week than those living in more deprived areas (34% of all in the most deprived decile and 52% in the least deprived decile drink at least once a week)

Binge drinking

- 37% of drinkers indicate that they drink six or more standard drinks (binge drinking) on a typical drinking occasion
- Among men who drink, the majority (55%) binge drink on a typical drinking occasion, while fewer than 1 in 5 (18%) women drink to this level
- The majority (54%) of drinkers aged under 25 binge drink on a typical drinking occasion, with 67% of men and 39% of women doing so
- While those in more deprived areas drink less frequently than those in more affluent areas, the extent of binge drinking is higher (40% and 35% of drinkers respectively)
- Over a quarter (27%) of drinkers have consumed more than 10 standard drinks at least once in the past year - 44% of men who drink and 9% of women who drink

Perceptions of own drinking

- 97% of drinkers consider themselves to be a light or moderate drinker
- A quarter of drinkers indicate that they sometimes binge-drink
- 29% of those who do not categorise themselves as an occasional binge drinker consume six or more standard drinks at least once a month
- The majority (57%) of drinkers aged under 25 consider themselves to be light drinkers, despite 54% binge drinking on a typical drinking occasion

Awareness of risks associated with drinking more than the recommended number of standard drinks in a week

- 90% of participants correctly identify liver disease as being a potential risk of drinking heavily, although awareness of other risks varies quite extensively
- Those aged 15 to 24 are typically less aware of the risks associated with heavy drinking
- 27% of women are aware that they are at increased risk of developing breast cancer as a result of heavy drinking. 16% of women aged 15 to 24 are aware of this risk

Harms from others' drinking

- 6% have had family problems or relationship difficulties as a result of someone else's drinking
- 5% have been hit or assaulted by someone who had been drinking. Among those aged under 25, 16% of men and 6% of women have experienced this

ALCOHOL

ALCOHOL PREVALENCE

Alcohol consumption in the last 12 months

TOTAL Population

Within Population

Drink alcohol **75%**

Among Those Drinking Alcohol in Last 12 Months

Drink at least once a week **55%**

Binge drink on a typical drinking occasion **37%**

Proportion by age

	15-24 year olds	25-34 year olds	35-44 year olds	45-54 year olds	55-64 year olds	65-74 year olds	75+ year olds
Within Population – Drink alcohol	66%	83%	82%	80%	77%	65%	48%
Among Those Drinking Alcohol in Last 12 Months – Drink at least once a week	44%	47%	56%	60%	66%	60%	58%
Binge drink on a typical drinking occasion	54%	45%	36%	35%	32%	24%	12%

DESCRIPTION OF OWN DRINKING BEHAVIOUR

All drinkers

- Heavy drinker 3%
- Moderate and sometimes binge 14%
- Moderate drinker 24%
- Light and sometimes binge 10%
- Light drinker 50%

All who consume 6 or more standard drinks on a typical drinking occasion

- 5% Heavy drinker
- 25% Moderate and sometimes binge
- 33% Moderate drinker
- 14% Light and sometimes binge
- 22% Light drinker

RISKS ASSOCIATED WITH EXCESSIVE DRINKING

Awareness of potential risks associated with drinking more than the recommended number of standard drinks in a week

Liver disease	High blood pressure	Stomach ulcers	Bowel cancer	Pancreatitis	Breast cancer
90%	51%	48%	40%	37%	21%

06 Diet and Nutrition

Typical eating habits

- Over half (54%) indicate that they mostly eat homemade meals cooked from scratch using fresh ingredients, and an additional 41% eat meals cooked using a combination of fresh ingredients and packets/jars of ingredients
- 3% indicate that they mainly eat ready meals and 1% mainly eat takeaways or eat out
- 42% of those aged under 35 mainly eat homemade meals cooked from scratch, compared with 72% of those aged 65 and older
- 11% of those who are unemployed mainly eat ready meals compared with 2% of those in employment

Snacks and sugar-sweetened drinks

- 60% eat snacks every day with most of these (42% of the population) eating 6 or more portions daily
- 51% of those aged 55 and older eat 6 or more portions of snack foods daily, compared with just over a quarter (27%) of those aged 15 to 24
- 14% consume sugar sweetened drinks daily, rising to 22% of those aged 15 to 24
- 16% of those in the three most deprived deciles drink sugar sweetened drinks daily, compared with 12% of those in the most affluent areas

Fruit and vegetables

- Just over a quarter (27%) eat the minimum recommended guideline of five portions of fruit and vegetables daily
- A third (33%) of women and over a fifth (21%) of men eat the recommended minimum daily
- 30% of those in employment eat five or more portions of fruit and vegetables daily, compared with 14% of those who are unemployed

Eating breakfast

- Almost three-quarters (74%) eat breakfast every day, while 4% never eat breakfast
- Just over half (54%) of women aged 15 to 24 eat breakfast every day, compared with 62% of men of the same age. Among those aged 25 to 34, 63% of men and 65% of women eat breakfast every day
- Fewer than 3 in 5 (58%) of those who are unemployed eat breakfast every day, compared with 75% of those in employment

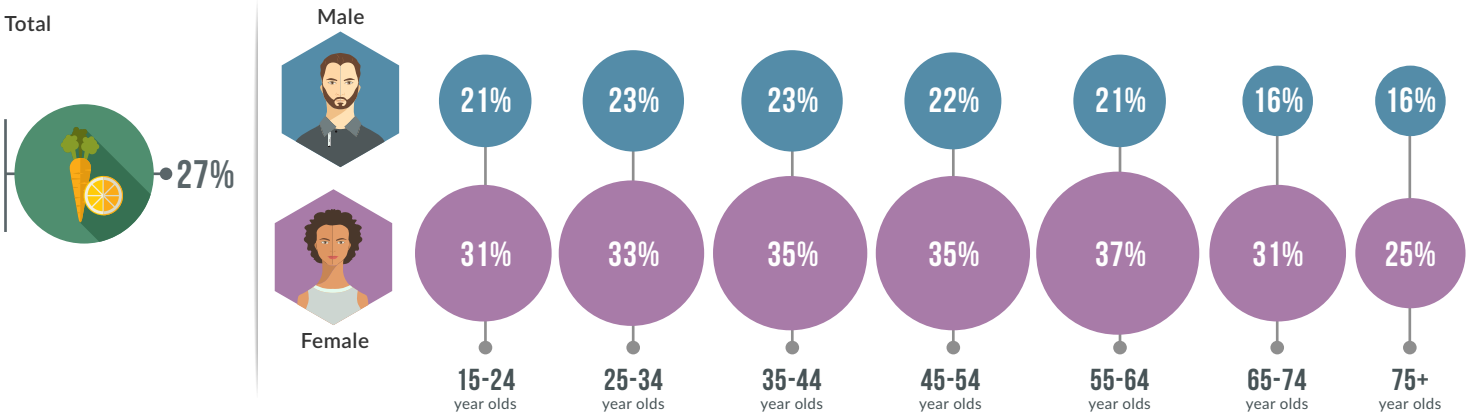
Folic acid supplements

- Fewer than 1 in 10 (9%) of women take a folic acid supplement which is recommended for all women who may become pregnant
- 18% of women aged 25 to 34 take a folic acid supplement and 5% of those younger than this do so

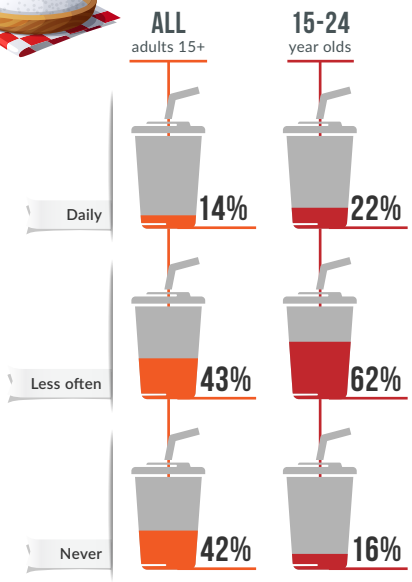
DIET AND NUTRITION

DAILY CONSUMPTION OF FRUIT AND VEGETABLES

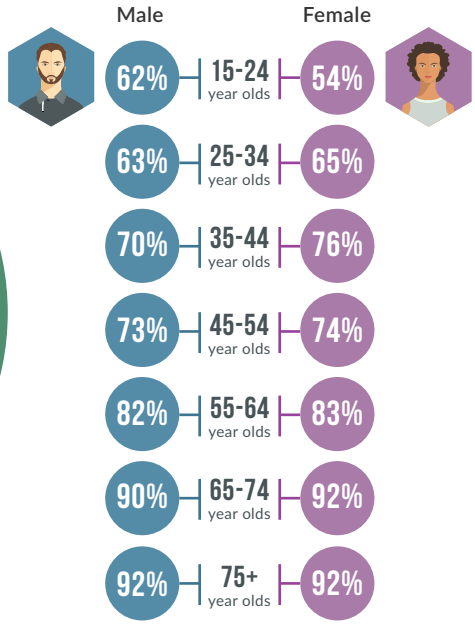
Eating five or more portions of fruit or vegetables a day



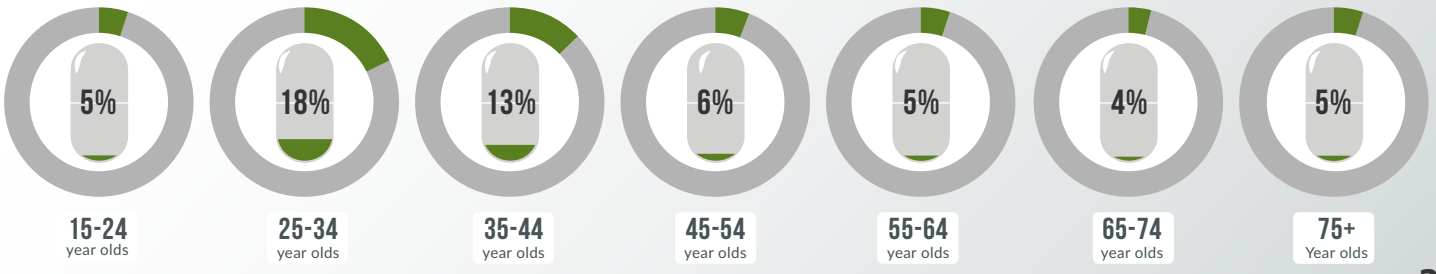
FREQUENCY OF DRINKING SUGAR SWEETENED DRINKS



PROPORTION EATING BREAKFAST EVERY DAY



PROPORTION OF WOMEN TAKING A FOLIC ACID SUPPLEMENT



07 Physical Activity

Introduction

In January 2016, the Government launched Ireland's first ever National Physical Activity Plan which aims to get at least half a million more Irish people taking regular exercise within ten years. In the Foreword to the Plan the Ministers for Health and for Transport, Tourism and Sport note the multitude of benefits of physical activity to health and wellbeing, as well as the significant risks presented by physical inactivity.

This wave of the Healthy Ireland survey focuses on a number of key indicators that help inform the delivery of the objectives set out in the Plan. In turn, it builds upon the data collected in the first wave on levels of physical activity and measures awareness of physical activity guidelines, perceptions of own activity levels, motivations and barriers to increased physical activity and an enhanced measurement of sedentary behaviour.

Insights generated from this wave of the Healthy Ireland Survey provide an in-depth understanding of a variety of aspects of physical activity that in turn help inform the development of actions to make Ireland a more active place to live.

Understanding of Physical Activity Guidelines

The National Guidelines on Physical Activity for Ireland identify that adults aged 18 to 64 should be active (at moderate intensity) for at least 30 minutes a day on 5 days a week (or 150 minutes a week). Adults older than this should have a similar level of activity, although focussing on aerobic activity, muscle strengthening and balance.

In this wave of the Healthy Ireland Survey, respondents were asked to identify on how many days a week they think people should be physically active in order to meet the recommendations. They were also asked how many minutes a day someone should be active for health benefits. The correct answer for most adults is that they should be active on 5 days a week, and for at least 30 minutes on each of these days (or for 150 minutes a week spread throughout the week).

Figure 7.1: Number of days per week and minutes per day that people think they should be physically active

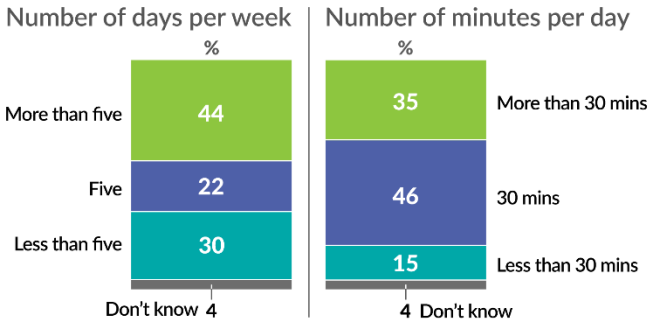


Figure 7.1 shows that two-thirds (66%) said that adults should be active for at least 5 days a week. When asked about how long someone should be active on those days, 81% correctly said at least 30 minutes a day.

Figure 7.2: Total number of minutes that people think they should be active over the course of a week

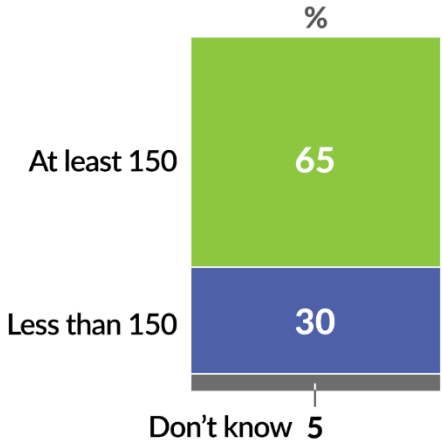


Figure 7.2 shows that almost two-thirds (65%) suggest that people should be active for at least 150 minutes each week, with 30% suggesting that people should be active for a shorter time period.

The first wave of this survey reported that 32% of the population are considered sufficiently active. This suggests that over twice as many may be aware of the recommendation to undertake at least 150 minutes of moderate physical activity as may be implementing it in their own lives. As such, the more significant challenge may lie in changing behaviours rather than increasing awareness of the recommended levels of physical activity.

Figure 7.3: Percentage indicating that people should be active for at least 150 minutes each week

Age	Men	Women
15-24	81	75
25-34	71	62
35-44	57	63
45-54	60	61
55-64	70	57
65-74	70	62
75+	60	50

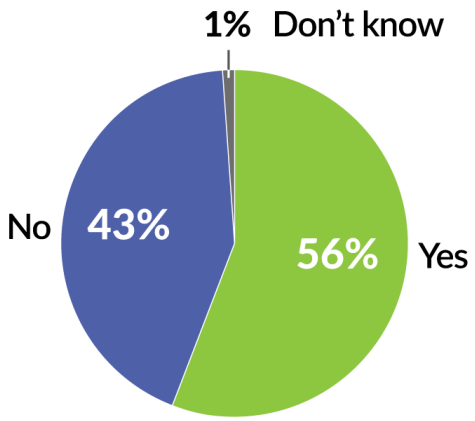
Awareness of the guidelines differs considerably across different subgroups, with younger people more likely to indicate that people should be active for at least 150 minutes (Figure 7.3). Over three quarters (78%) of those aged under 25 identify that people should be active for at least 150 minutes each week. This declines to 60% of those aged 35 to 44, and to 54% of those aged 75 and older.

Men are more likely to believe that people should undertake higher levels of physical activity, although this differs by age. While three-quarters of men aged under 35 feel that people should undertake at least 150 minutes of activity each week, 67% of women believe that this is the case. However, between the ages of 35 and 54, more women (62%) than men (58%) believe that people should undertake at least 150 minutes of activity each week. Among those older than this, the situation is reversed again, with more men (68%) than women (57%) believing that people should be active for at least 150 minutes each week.

Perceptions of own activity levels

The survey asked respondents about perceptions of their own activity levels. Specifically, it asked whether they think they generally do enough physical activity and how they feel their activity levels compare to people of a similar age.

Figure 7.4: Whether feel own activity levels are sufficient



The majority of people (56%) feel they do enough physical activity (Figure 7.4). This contrasts strongly with the findings from the first wave of the survey in which reported activity levels were sufficient for a much smaller proportion (32%).

Strong differences exist across age and gender groups (Figure 7.5). Across all groups, significantly more believe they are sufficiently active compared to the proportion who actually achieve the recommended guidelines. However, the gap between the perceived and actual sufficiency of activity levels is wider in older than in younger age groups. While 61% of men aged 65 and older, and 56% of women of the same age, believe they are sufficiently active, only 20% and 11% respectively actually are.

Figure 7.5: Perceived versus actual sufficiency of activity

Age	Men		Women	
	Feel that activity levels are sufficient	Achieve activity guidelines	Feel that activity levels are sufficient	Achieve activity guidelines
15-24	78	56	50	34
25-34	63	52	51	32
35-44	53	39	49	23
45-54	51	38	51	25
55-64	60	33	50	18
65-74	65	24	58	13
75+	54	14	54	7

Comparing their own activity levels to others of the same age, approximately a third (34%) think that the level of physical activity that they undertake is above average, with 37% thinking that it is about average. Those who feel they are sufficiently active are more likely to believe that their activity levels are above average compared to their peers (50%, compared with 13% of those who do not feel they are sufficiently active).

Figure 7.6: Percentage indicating that own activity levels are at/above average compared to people of same age

Age	Men	Women
15-24	84	68
25-34	72	63
35-44	66	68
45-54	71	67
55-64	76	68
65-74	76	69
75+	66	70

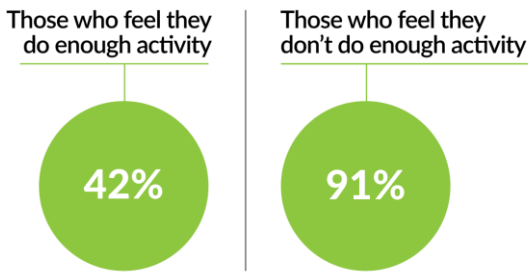
Some differences exist across the population. As shown in Figure 7.6, younger men (those aged under 25) are more likely than any other group to feel that their activity levels are at or above average. Just over half (52%) of men aged under 25 believe that their activity levels are above average, and a further 32% feel that their activity levels are about average compared to their peers. In contrast, women of the same age are less likely to hold this view – 31% feel that their activity levels are above average with 36% believing that it is average.

That many perceive that their activity level is sufficient and aligned with their peers presents challenges in encouraging people to become more active.

Increasing activity levels

Encouragingly, most (63%) would like to be more active than they currently are. Perhaps unsurprisingly, those who feel they are not active enough are more likely than those who feel they are sufficiently active (91% and 42% respectively – Figure 7.7). This indicates that for those who perhaps should be doing more, there is an appetite to increase their activity levels.

Figure 7.7: Desire to increase activity levels



In some respects, desire to increase activity levels reflects actual activity levels. Those who are less active are more likely to want to increase their activity levels. This peaks among those aged 35 to 44, which, as shown in the first wave of this survey, is the age group where actual activity levels exhibit the sharpest decline.

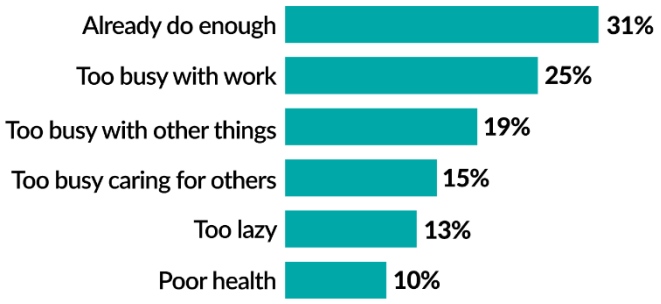
As shown in Figure 7.8, desire to increase activity is also higher among women, who typically have lower activity levels than men. However, older men and women are less likely than those who are younger to wish to increase their activity levels. This is despite most not meeting physical activity guidelines, and may be explained by high levels of perceived sufficiency of activity among this older group.

Figure 7.8: Desire to increase activity levels by age and gender

Age	Men	Women
15-24	51	76
25-34	60	71
35-44	69	71
45-54	63	67
55-64	58	67
65-74	47	56
75+	48	49

When asked about the factors restricting higher levels of activity (Figure 7.9), the most common reason given is not having enough time. Forty-three percent identify any one of being too busy with work, other things or caring for others. Additionally, 31% indicate that they already doing enough activity. These two factors account for most of the reasons given.

Figure 7.9: Barriers to increased activity (Top 6 – multiple response possible)



Examining the results across age groups shows that those aged 35 to 44 are most likely to indicate that they are too busy to increase their activity levels. This is particularly noteworthy as this is the age group where activity levels show the strongest decline. However, the types of time constraints can differ between genders with men in this age group more likely to report constraints due to work commitments (27%), and women more likely to report constraints due to caring for others (38%).

The perceived barriers to increased activity present particular challenges to increasing activity levels generally, and these will need to be considered when implementing the various actions outlined in the National Physical Activity Plan. For example, improved public awareness of achieving certain levels of activity to obtain various health benefits may be needed to address misaligned perceptions of what are the appropriate levels of physical activity. Additionally, community and workplace focussed approaches can help overcome some of the challenges presented by time limitations and enable activity to be accommodated alongside other commitments.

Time spent sitting

In recent years a number of studies have highlighted a variety of risks associated with sitting for long periods of time. These risks include both those associated with physical inactivity, such as obesity and cardiovascular disease, but also other conditions such as chronic back pain, varicose veins and other musculoskeletal disorders.

In order to provide a measurement on the amount of time spent sitting, this survey asked respondents about the amount of time they spent the previous day doing each of three things – sitting while watching a TV or other screen, sitting while driving, eating or relaxing and sitting while working. Combining the time spent across these three types of behaviour provides an indicative measurement of the extent of long time periods spent sitting.

At an overall level, people spend an average of 396 minutes (6 hours 36 minutes) sitting across an average day. Men typically spend longer sitting than women – 415 and 376 minutes respectively. For both men and women, the time spent sitting is typically higher in younger age groups and declines across older groups. As highlighted in the report of the first wave of the Healthy Ireland Survey, younger women spend notably longer sitting than those who are older, with this wave of the survey finding that half of women aged 15 to 24 spend more than eight hours sitting in a day – figure 7.10.

Figure 7.10: Proportion spending more than eight hours sitting in a day

Age	Men	Women
15-24	43	50
25-34	32	25
35-44	29	20
45-54	33	21
55-64	20	17
65-74	16	10
75+	21	16

Across the three types of sitting that were included in the measurement, people spent on average 92 minutes working or studying (including 55% who did not work or study on the previous day), 172 minutes sitting while watching a TV or other screen and 133 minutes sitting while driving, eating or relaxing.

Figure 7.11: Average amount of time spent sitting across each activity measured

	Average number of minutes sitting amongst those undertaking this activity in previous day	Average number of minutes sitting amongst population (i.e. excluding those not undertaking this activity)
Watching TV/other screen	180	172
Driving, eating or relaxing	136	133
Working or studying	204	92

Among those in employment, time spent working is a key contributing factor towards the overall amount of time spent sitting and accounts for 29% of the total time spent sitting by this group.

When those who are working are asked how they spend most of their time in work, roughly a third (34%) indicate that they spend most of their time sitting. Almost half indicate that their time in work consists mainly of tasks that involve physical activity – roughly a third (35%) identifying this as moderate physical effort and 13% indicate that it involves physically demanding work.

Those aged 35 to 44 are most likely to indicate that the time spent working is mainly spent sitting down (41%) and are least likely to be in jobs that are classified as being physically active (41%). Furthermore, as almost three-quarters (74%) of this age group indicate that they are currently in work – higher than for any other age group – the extent of long time periods spent sitting in work is a particular challenge for this age group. Addressing this challenge will need to include ways to incorporate physical activity into the working day, including active travel and other workplace-based initiatives.

Summary

This research supports and enhances the findings from a range of previous studies showing the high numbers of Irish people who do not meet physical activity guidelines. It also clearly illustrates the significance of the challenge in encouraging sizeable increases in physical activity throughout the population.

This research suggests that while awareness of the specific recommended levels of physical activity is low, the majority actually think that people should be active for a period that is longer than the recommended minimum. Despite this, as the previous wave of this survey, as well as many other surveys have shown, most are not achieving these levels of activity.

The key challenge is perhaps in perceptions of own levels of activity. While most are falling well short of the recommended minimum level, there is a perception among many that they are in fact sufficiently active. Part of this may come from perceived norms when comparing their own activity levels to their peer groups, as most feel that they are doing at least as much as others.

The solution to increasing activity levels is far from straightforward, although this research highlights various barriers that need to be addressed; in particular, the time pressures arising from other commitments such as work and caring for others. Effective implementation of various action areas in the National Physical Activity Plan provides an opportunity to address these.

08 Clustering of Unhealthy Behaviours

Introduction

Much is known about the incidence of various behaviours that are harmful to health, however there is little current understanding of the extent to which these behaviours may co-exist or cluster among people living in Ireland. For example, to what extent do smokers also drink at harmful levels? Are those with low levels of activity also likely to have poor dietary behaviours?

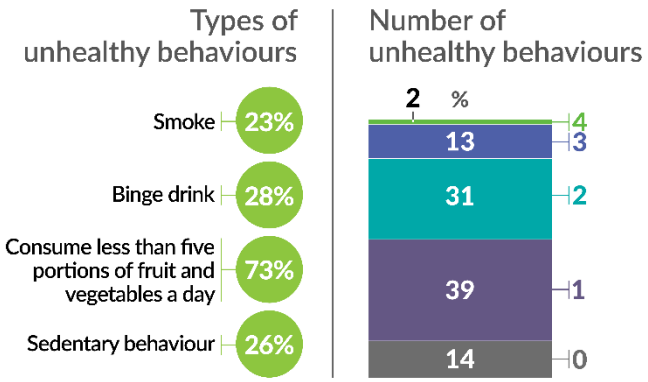
In exploring this concept, four unhealthy behaviours have been considered – smoking, binge drinking (i.e. drinkers who engage in binge drinking/risky single occasion drinking), not eating the recommended minimum of five portions of fruit or vegetables daily and sedentary behaviour. For the purposes of this analysis, sedentary behaviour is categorised as having spent eight or more hours sitting during the previous day. The selection of eight hours in this context is not based on scientific evidence, but rather is an arbitrary one for the purposes of undertaking this analysis.

Clustering of unhealthy behaviours raises a particular challenge for policymakers. As many unhealthy behaviours do not exist in isolation, strategies need to consider the potentially multi-faceted nature of unhealthy behaviours. Strategies that encourage wider lifestyle changes may be effective in reducing the prevalence of multiple health risks.

Extent and types of clustering

Of the four types of unhealthy behaviours under consideration, the most common in isolation is eating insufficient fruit and vegetables, with almost three-quarters (73%) of the population eating fewer than five portions daily. Between a fifth and a third of the population have each of the other three behaviours – binge drinking (28%[2]), sedentary behaviour (26%) and smoking (23%).

Figure 8.1: Types and clustering of unhealthy behaviours



Over 8 in 10 (86%) in the population have at least one unhealthy behaviour, with approximately half (46%) having two or more unhealthy behaviours. Almost a third (31%) have two unhealthy behaviours, 13% have three unhealthy behaviours and 2% have all four of the unhealthy behaviours under consideration.

[2] For this analysis the proportion of binge drinkers is expressed as a percentage of the population rather than among drinkers

Figure 8.2: Combinations of unhealthy behaviours

	Smoke	Binge drink	Low fruit/ vegetable consumption	Sedentary behaviour
% with another unhealthy behaviour	92	89	59	82
Type of unhealthy behaviour				
% Smoke	-	34	26	22
% Binge drink	42	-	30	32
% Low fruit/vegetable consumption	84	78	-	73
% Sedentary behaviour	25	30	26	-

Figure 8.2 shows the proportion of those with at least one unhealthy behaviour who also have an additional unhealthy behaviour. Roughly 9 in 10 smokers and drinkers have at least one other unhealthy behaviour, and over 8 in 10 of those who are sedentary have at least one other unhealthy behaviour. Those who do not eat the recommended portions of fruit and vegetables are least likely to have additional unhealthy behaviours, however the majority (59%) have at least one other unhealthy behaviour.

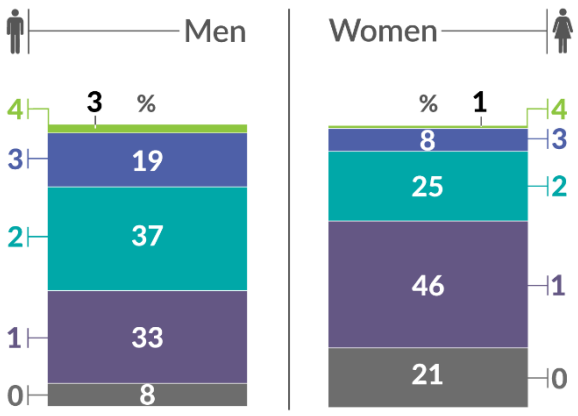
In most cases, the additional unhealthy behaviour among smokers, binge drinkers and those who are sedentary is low consumption of fruit and vegetables, however a number of behaviour combinations are particularly noteworthy. Forty-two percent of smokers also binge drink on a typical drinking occasion, and similarly over a third (34%) of those binge drinking are also smokers. In total, 10% of the population both binge drink on a typical drinking occasion and smoke. The traditional association between these two behaviours with one another clearly still exists, and attempts to tackle one of them should also consider the other.

Smokers are also more likely to have other unhealthy behaviours. Half (50%) of smokers have at least three unhealthy behaviours, with 10% having all four unhealthy behaviours included within this analysis. Among binge drinkers, 46% have at least three unhealthy behaviours, with 8% having all four unhealthy behaviours. Lower proportions of those who are sedentary and those with low levels of fruit and vegetable consumption have at least three unhealthy behaviours (35% and 20% respectively).

Differences by gender and age

The extent and types of clustering of unhealthy behaviours differ considerably within different groups in the population. An analysis by age and gender finds particularly strong differences both between the genders at an overall level, as well as changes in the nature of the gender differential at different lifestages.

Figure 8.3: Number of unhealthy behaviours by gender



Men are much more likely than women to have unhealthy behaviours and similarly to have a higher number of unhealthy behaviours (Figure 8.3). As shown, while 92% of men exhibit one or more of the four unhealthy behaviours being measured here, a lower proportion (79%) of women have one of these behaviours. Almost 60% of men have two or more unhealthy behaviours, compared to 34% of women. Both the overall incidence of unhealthy behaviours and the combination of these behaviours with other unhealthy behaviours present significant health risks to more men than women. Particularly noteworthy is that almost three times as many men as women exhibit three or more unhealthy behaviours (22% and 8% respectively).

Figure 8.4: Differences between genders in prevalence of unhealthy behaviours

	All	Men	Women
Smoke and binge drink	10	14	5
Smoke and low fruit/ vegetable consumption	19	22	16
Smoke and sedentary behaviour	6	7	4
Binge drink and low fruit/ vegetable consumption	22	34	9
Binge drink and sedentary behaviour	8	13	4
Low fruit/vegetable consumption and sedentary behaviour	19	23	15

The types of unhealthy behaviours can also differ considerably between the genders (Figure 8.4). As noted elsewhere in this report, men are more likely than women to smoke, binge drink, have a sedentary lifestyle and eat less than the recommended number of portions of fruit and vegetables daily. Similarly, when looking at combinations of these behaviours, stark differences exist between men and women. Men are more likely than women to show each of the unhealthy behavioural combinations, although the differences are particularly wide in some cases.

Men are almost three times more likely than women (14% and 5% respectively) to both smoke and binge drink, and are three times more likely than women (34% and 9% respectively) to both binge drink and not consume the recommended level of fruit and vegetables daily. While the latter is the most common combination of unhealthy behaviours among men, for women it is low fruit and vegetable consumption combined with sedentary behaviour (15%) or smoking (16%).

Figure 8.5: Proportion with two or more unhealthy behaviours by gender/age

Age	Men	Women
15-24	64	54
25-34	71	44
35-44	64	33
45-54	63	32
55-64	53	25
65-74	41	17
75+	32	17

Combining gender and age highlights key differences across the population. As shown in Figure 8.5, men across all age groups are more likely than women to have two or more unhealthy behaviours and the majority of men in all age groups up to age 65 have multiple unhealthy behaviours.

The difference between the genders is narrower among younger age groups than those who are older, however the proportion with multiple unhealthy behaviours declines faster for women than men.

However, the proportion with two or more unhealthy behaviours declines at a faster rate for women in the middle age groups than for men and the majority of men in all age groups up to age 65 have two or more unhealthy behaviours.

This is challenging in two respects, as it either suggests that men are more likely to maintain two or more unhealthy behaviours throughout their lives or that the gender differential is narrowing (assuming that younger women maintain unhealthy behaviours as they get older). However, this finding of less desirable health behaviours among women is particularly noteworthy in the context of findings from the first wave of this survey which indicated that younger women were more likely than younger men to have an increased metabolic risk.[3]

Other health behaviours

While this analysis has focussed on a narrow, albeit important, range of health behaviours, analysis of other survey data highlights that those with two or more unhealthy behaviours also make less healthy choices in other aspects of their lives.

Consumption of sugar sweetened drinks, not eating breakfast every day and usage of salt are all higher among those with two or more unhealthy behaviours. This provides further indication of a wider range of unhealthy behaviours among these individuals.

- Just under two-thirds (63%) of those with two or more unhealthy behaviours, and just over half (53%) of those with three or four unhealthy behaviours, eat breakfast every day. In contrast, over 4 in 5 (81%) of those with one unhealthy behaviour, and 89% of those with no unhealthy behaviours do so.
- Roughly a third (34%) of those with two or more unhealthy behaviours always or usually add salt to their food at the table. In comparison a quarter (27%) of those with one unhealthy behaviour and a fifth (21%) of those with no unhealthy behaviours do the same.
- Almost one in five (19%) of those with two or more unhealthy behaviours drink sugar-sweetened drinks on a daily basis, compared with 11% of those with one unhealthy behaviour and 6% of those with no unhealthy behaviours.

Desire to make changes

While the number of people with two or more unhealthy behaviours present cause for concern, there are also indications that some may wish to make lifestyle changes that would benefit their longer-term health.

The proportion of those with two or more unhealthy behaviours who indicate that they feel their health is very good (39%) is lower than those who have one unhealthy behaviour (44%), or none at all (53%).

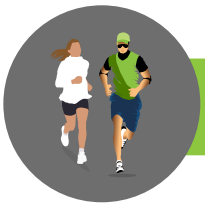
As perceptions of health may be influenced by a variety of factors, with age being a key factor, it is more meaningful to explore this within specific age cohorts. Analysis of those aged under 35 supports this, with 50% of those with two or more unhealthy behaviours indicating that their health is very good, compared with 60% of those with one unhealthy behaviour and 71% of those with none at all.

[3] This is based on waist measurements which reflects abdominal fat mass which is considered a predictor of strokes and premature death due to obesity.

MAKING CHANGES

92% WOULD LIKE TO MAKE A CHANGE TO IMPROVE THEIR HEALTH AND WELLBEING

TEN MOST COMMON CHANGES



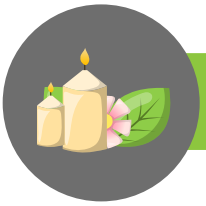
40% BE MORE PHYSICALLY ACTIVE

22% RELAX MORE

31% BE MORE FINANCIALLY SECURE

21% HAVE MORE TIME FOR MYSELF

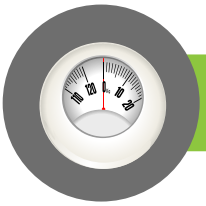
30% SLEEP BETTER



20% REDUCE THE AMOUNT OF STRESS IN MY LIFE

29% EAT MORE HEALTHILY

17% HAVE A BETTER WORK/LIFE BALANCE



24% CONTROL/LOSE WEIGHT

17% HAVE MORE TIME FOR FAMILY

The impact of clustering of unhealthy behaviours is also evident in survey measurements of mental health. Those with more unhealthy behaviours are also more likely to have poor mental health. Twelve percent of those with two or more unhealthy behaviours have a probable mental health problem (measured using the Health Index-5), compared with 8% of those with only one unhealthy behaviour and 7% of those with no unhealthy behaviours.

Similarly, those with two or more unhealthy behaviours also score lower in measurements of positive mental health and high energy.

Figure 8.6: Changes people would like to make to improve health and wellbeing

Change Considered	All binge drinkers	Binge drinkers with no other unhealthy behaviour	Binge drinkers with other unhealthy behaviour
Would like to cut down the amount of alcohol consumed	14	11	15

Change Considered	All smokers	Smokers with no other unhealthy behaviour	Smokers with other unhealthy behaviour
Trying to or actively planning to quit smoking	31	46	30

Looking at changes that people wish to make to their health behaviours (Figure 8.6) indicates that, despite the increased health risks faced by those with two or more unhealthy behaviours, they do not necessarily express increased desire to make specific changes to improve their health and wellbeing. For example, while 46% of smokers with no other unhealthy behaviours indicate that they are trying to or planning to quit smoking, 30% of smokers with other unhealthy behaviours indicate that they would like to quit. Those who binge drink in combination with other unhealthy behaviours are slightly more likely to want to cut down on the amount of alcohol drunk than those who binge drink with no other unhealthy activities (15% and 11% respectively).

Summary

The nature of clustering of unhealthy behaviours presents a variety of challenges. Firstly, the extent of clustering of unhealthy behaviours indicates a significant potential risk to the population. That almost half of the population currently have two or more forms of unhealthy behaviours is in its own right a major challenge, and the clustering of these unhealthy behaviours in effect leads to the amplification of potential harms to health.

Secondly, the various combinations of unhealthy behaviours means that different solutions are required. It is not simply a case of reducing the incidence of binge drinking or smoking, or increasing activity levels or encouraging healthier food choices (although these would help too). It requires a multi-faceted approach that recognises that these issues do not exist in isolation, but instead need to be tackled as behaviours that may be interdependent.

A further concern and challenge is the degree to which certain groups in the population are more likely to have two or more unhealthy behaviours. Those who are younger (as well as those living in more deprived areas and those who are unemployed) are more likely to have two or more unhealthy behaviours, and are at a greater risk of the negative health effects that these present. Solutions to tackling the problems presented by clustered unhealthy behaviours will require specific consideration of these groups.

Section 2

09 Sexual Health

Previous sexual intercourse

- 92% of those who completed the sexual health module had previously had intercourse (a further 3% declined to provide an answer to this question)
- Those aged 17 to 24 are least likely to previously have had intercourse (71%). 97% of those aged 25 to 64, and 90% of those aged 65 and older had previously had intercourse
- 91% of those who have previously had sex had intercourse with a member of the opposite gender (3% declined to answer)

Relationship status

- 85% indicated that they were in a relationship with the person with whom they most recently had sex (70% were living together, and 15% were in a steady relationship). 4% declined to answer this question
- 7% knew each other previously, with 4% having just met or recently met
- Those aged 17 to 24 were more likely than older age groups to have most recently had sex with someone they had just or recently met (15%). This was indicated by a quarter (25%) of men in this age group, but only 4% of women
- The proportion indicating that they had recently or just met their most recent sexual partner declines across the age groups with 6% of 25 to 34 year olds suggesting that this was the case

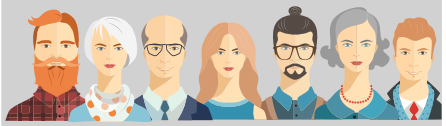
Usage of contraception

- Just under half (45%) used some form of contraception on their most recent occasion of sex (8% declined to answer and 2% did not know)
- Usage of contraception is highest among those 17 to 24 (83%) and declines across each proceeding age group
- 20% of those not in a relationship with their most recent sexual partner did not use any form of contraception
- 25% used a condom on the most recent occasion of sex, and 18% used a contraceptive pill
- Condom usage is highest among men aged 17 to 24, with 67% using one
- 70% of those having sex with someone they had recently or just met used a condom

SEXUAL HEALTH

RELATIONSHIP STATUS (MOST RECENT SEXUAL INTERCOURSE)

TOTAL



In a relationship	85%
Not in a relationship but knew each other	7%
Recently or just met	4%
Other/Would rather not say	5%

BY AGE GROUP

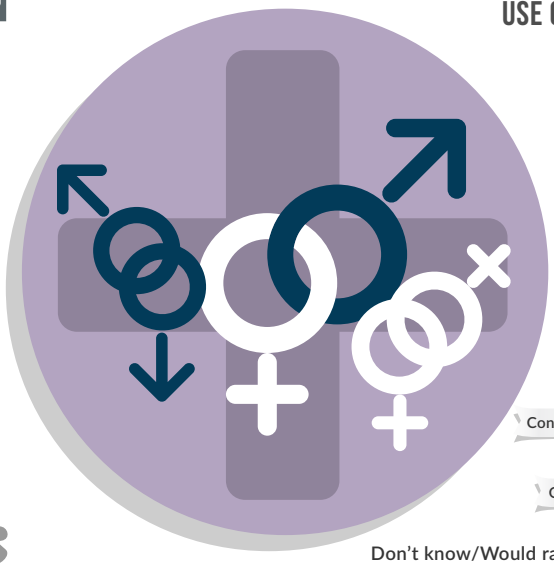
	17-24 year olds	25-34 year olds	35-44 year olds	45+ year olds
In a relationship	53%	80%	90%	90%
Not in a relationship but knew each other	26%	10%	4%	3%
Recently or just met	15%	6%	3%	1%
Other/Would rather not say	6%	5%	3%	5%

USE OF CONTRACEPTION

Multiple answers possible

TOTAL

No method used	46%
Condom	25%
Contraceptive pill	18%
Other method	9%
Don't know/Would rather not say	9%



USE OF CONTRACEPTION BY RELATIONSHIP STATUS

	In a relationship	No relationship but knew each other	Recently or just met
No method	50%	20%	20%
Condom	21%	62%	70%
Contraceptive pill	19%	24%	15%
Other method	10%	7%	2%
Don't know/Would rather not say	6%	5%	7%

USE OF CONTRACEPTION BY AGE GROUP

	17-24 year olds	25-34 year olds	35-44 year olds	45+ year olds
No method	11%	23%	32%	66%
Condom	61%	43%	29%	12%
Contraceptive pill	36%	35%	23%	6%
Other method	7%	10%	16%	7%
Don't know/Would rather not say	6%	6%	7%	10%

10 General Health

Self-reported health

- 84% of the population aged 15 and older perceive their health to be very good or good. 3% perceive their health to be bad or very bad
- Self-reported good health is higher among those aged 15-24 (93%) and lowest among those aged 75 and older (58%)
- 92% of those in employment consider their health to be good. This compares with 80% of those who are unemployed
- 78% of smokers perceive their health to be good. This compares with 85% of non-smokers

Prevalence of health conditions

- 28% indicate that they have a long-standing illness or health condition
- 60% of those aged 75 and older indicate a long-term illness, compared with 11% of those aged 15-24
- 14% of women aged 15-24 report a long-term illness, compared with 8% of men in this age group
- The most common conditions reported in this survey are high blood pressure and lower back pain (each 13%) and arthritis (10%)
- 30% of those aged 55 and older report having high blood pressure
- The most common health conditions reported by those aged under 35 are allergies (11%) and asthma (9%)

Limitations in everyday activities

- 20% report being limited by their health conditions: 4% severely limited and 16% limited but not severely
- Among those reporting a long-standing illness or health condition, 13% indicate that they are severely limited and 47% limited, but not severely. 39% report not being limited at all

Changes to improve health and wellbeing

- 92% indicate that they would like to make a change to improve their health and wellbeing
- The most common change that people would like to make is to be more physically active (40%), followed by being more financially secure (31%), sleeping better (30%) and eating more healthily (29%)
- Notable differences exist between men and women in terms of the changes they would like to make. Men are more likely than women to want a better work/life balance (men: 19%, women: 15%) and have more time for their families (men: 19%, women: 14%). However, women are more likely to want to have more time for themselves (men: 15%, women: 26%)
- Stopping smoking is the most common change desired among smokers (48%)
- By contrast, 14% of those who binge drink on a typical drinking occasion would like to cut down on the amount of alcohol they drink

GENERAL HEALTH

PROPORTION RATING HEALTH AS GOOD/VERY GOOD

TOTAL

84%

BY AGE

15-24 year olds	25-34 year olds	35-44 year olds	45-54 year olds	55-64 year olds	65-74 year olds	75+ year olds
93%	91%	90%	82%	78%	71%	58%

INCIDENCE OF CERTAIN HEALTH CONDITIONS IN PAST 12 MONTHS

HIGH BLOOD PRESSURE	LOWER BACK PAIN	ARTHRITIS	ALLERGY	ASTHMA	DEPRESSION	DIABETES	NECK DISORDER
13%	13%	10%	8%	7%	7%	4%	4%

TOTAL

28% HAVE A LONG-STANDING ILLNESS OR HEALTH PROBLEM

PROPORTION LIMITED IN EVERYDAY ACTIVITIES BECAUSE OF HEALTH PROBLEMS

TOTAL

20%

61% THOSE WITH A LONG-STANDING ILLNESS OR HEALTH PROBLEM

4% THOSE WITH NO LONG-STANDING ILLNESS OR HEALTH PROBLEM

11 Health Service Utilisation

GP visits

- 72% have visited a GP in the past 12 months, with an average of 4.5 visits per person among all aged 15 and older
- Women (78%) are more likely to have visited a GP than men (66%), and older groups are more likely to have had a GP visit than those who are younger (94% of those aged 75 and older; 65% of those aged 15 to 24)
- The average annual number of GP visits rises from 3.4 visits among 15 to 24 year olds to 8.4 among those aged 75 and older
- Frequency of visit is higher among those with a full medical card (7.6 visits), however those with a GP visit card are not more likely to visit a GP than others (average 4.1 visits)
- The average number of visits among smokers (5.2) is higher than for non-smokers (4.3)

Visits to nurses in GP surgeries

- 31% have consulted a nurse in a GP surgery in the past 12 months, with an average of 1.4 visits per person among all aged 15 and older
- Recency and frequency of visit is higher among women (37% visiting in past 12 months, average 1.7 visits) than men (25% visiting in past 12 months, average 1.2 visits). This is the case across all age groups
- 37% consulted a nurse in a GP surgery more than 12 months ago, and 32% have never had a nurse consultation

Consultant visits

- 27% have consulted a medical or surgical consultant in the past 12 months, with an average of 1.2 visits per person among all aged 15 and older
- As with GP and nurse visits, more women (30%) than men (24%) consulted a medical or surgical consultant
- 44% consulted a consultant more than 12 months ago, and 29% have never had such a consultation

Visits to Emergency Departments

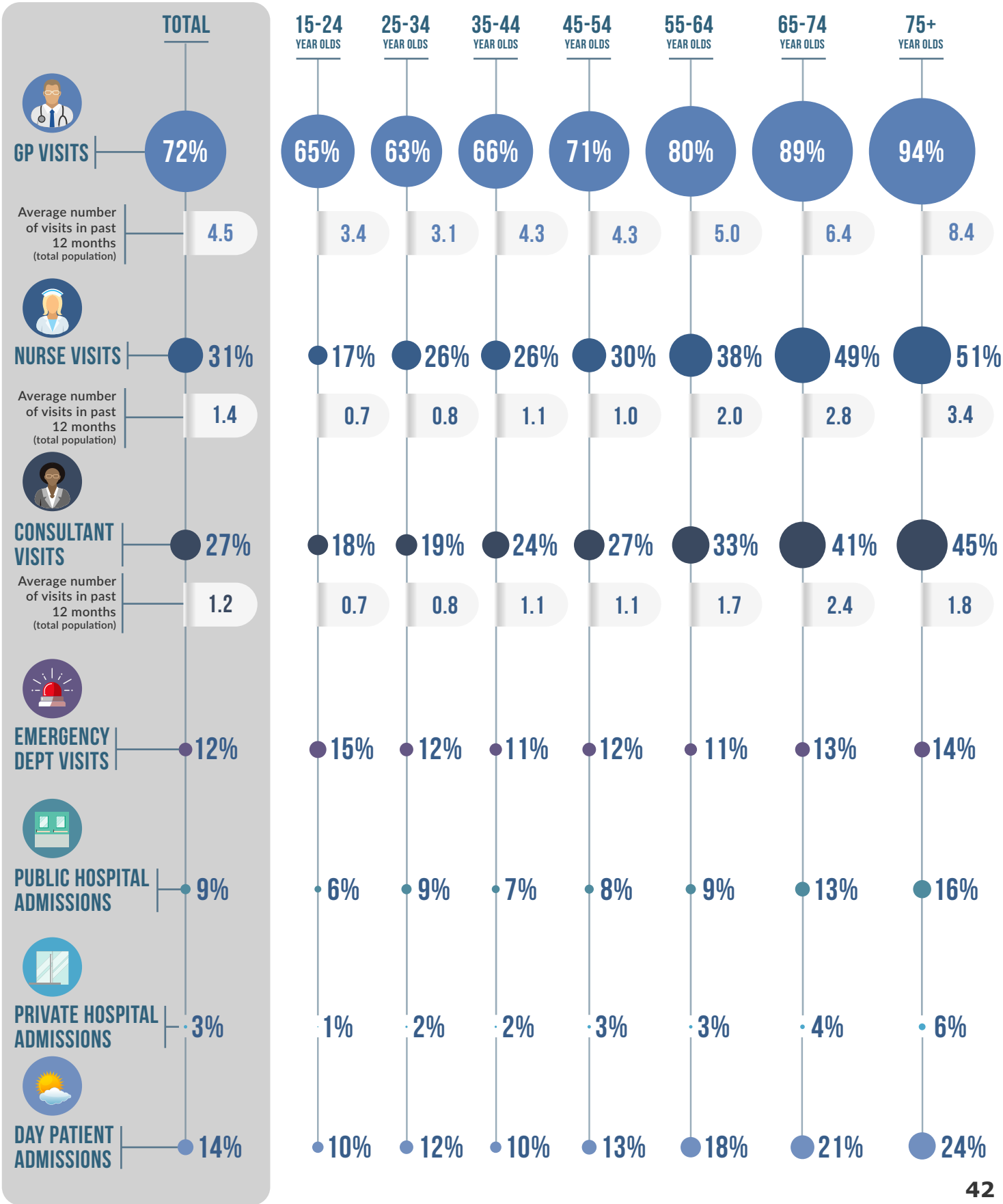
- 12% have visited an Emergency Department in the past 12 months
- Those aged 15 to 24 are more likely to have visited an Emergency Department than those aged 25 or older (15% and 12% respectively)
- Women aged 15 to 24 and women aged 75 and older are the groups most likely to have visited an Emergency Department (18% and 16% respectively). This compares to 13% and 10% for men in the same age groups
- 22% of those visiting an Emergency Department in the past 12 months have done so more than once. This equates to 3% of the population

Hospital admissions

- 11% of the population have been admitted to hospital in the past 12 months
- 21% of those admitted to hospital in the past 12 months have been admitted more than once
- 79% of those admitted to hospital have been admitted to a public hospital, and 24% have been admitted to a private hospital
- Women are more likely to have been admitted to hospital than men, and older age groups are more likely to have been admitted than those who are younger
- 14% have been admitted to hospital as a day patient

HEALTH SERVICE UTILISATION

PROPORTION WITH AT LEAST ONE VISIT/ADMISSION IN LAST 12 MONTHS



12 Mental Health

Positive mental health

- Positive mental health was measured using the Energy and Vitality Index (0-100), and involved respondents indicating the extent to which they felt 'full of life', 'calm and peaceful', had 'lots of energy' and had 'been a happy person' over the past four weeks. The resulting scores, which range from 0 to 100, give an indication of an individual's level of positive mental health, with higher scores indicating greater wellbeing
- Higher positive mental health was reported among men than women (69.8 and 65.9 respectively)
- Similarly, higher positive mental health was reported among younger people than older people (15-24: 69.1; 75 and older: 61.6). Men aged 15-24 have higher positive mental health than women of the same age (72.9 and 65.2 respectively)

Negative mental health

- Negative mental health was measured using the Mental Health Index-5 (MHI-5). This involves respondents answering five question items relating to their mental health over the previous four weeks. The score from the MHI-5 is computed by adding the scores for each question item and then transforming the raw scores to a 0-100 point scale. A lower score on this scale indicates greater psychological distress
- The lower scores among women (79.7) than men (82.8) suggests higher levels of psychological distress among women
- Those indicating that their health is "bad" are more likely to have higher levels of psychological distress than those with good health (63.8 and 83.2 respectively)
- Those living in Dublin report lower scores on the Mental Health Index-5 (MHI-5) scale than those living elsewhere (77.2 and 82.8 respectively). This suggests higher levels of psychological distress in Dublin

Attitudes to mental health

- Approximately half (52%) have had some experience of people with mental health problems. These experiences are most likely through friendship (36%), with approximately a fifth having experience through work, neighbourhood or living with someone (22%, 20% and 18% respectively)
- Those aged 45 to 54 were more likely (58%) to have had experience of someone with a mental health problem than those younger or older (15-24: 51%, 75 and older: 35%)
- While at least 7 in 10 would be willing to work with, live nearby to or continue a relationship with someone who has a mental health problem (70%, 77% and 83% respectively), a lower proportion (54%) would be willing to live with someone who has a mental health problem
- Using the Reported and Intended Behaviour Scale (RIBS)[4] to provide a total intended behaviour score, similarly favourable intended behaviour was found between men (15.9) and women (16.0)
- Those in the 15-24 age group have the most favourable intended behaviour (16.7), with those aged 75 and older have the least favourable intended behaviour (13.9)

[4] The RIBS is a measure for assessing mental health-related reported and intended behaviour discrimination. Assessment of behaviours is used in the evaluation of interventions intended to reduce stigma and/or discrimination related to mental illness. a higher score indicates more favourable intended behaviour - such as willing to work with, live nearby or continue in a relationship with someone who has a mental health problem

MENTAL HEALTH

EXPERIENCE OF AND ATTITUDES TOWARD MENTAL HEALTH

EXPERIENCE OF MENTAL HEALTH

Are you currently living with, or have you ever lived with, someone with a mental health problem? **18%**

Are you currently working with, or have you ever worked with, someone with a mental health problem? **22%**

Do you currently have, or have you ever had, a neighbour with a mental health problem? **20%**

Do you currently have, or have you ever had, a friend with a mental health problem? **36%**

ATTITUDES TOWARD MENTAL HEALTH

In the future, I would be willing to live with someone with a mental health problem **54%**

In the future, I would be willing to work with someone with a mental health problem **70%**

In the future, I would be willing to live nearby to someone with a mental health problem **77%**

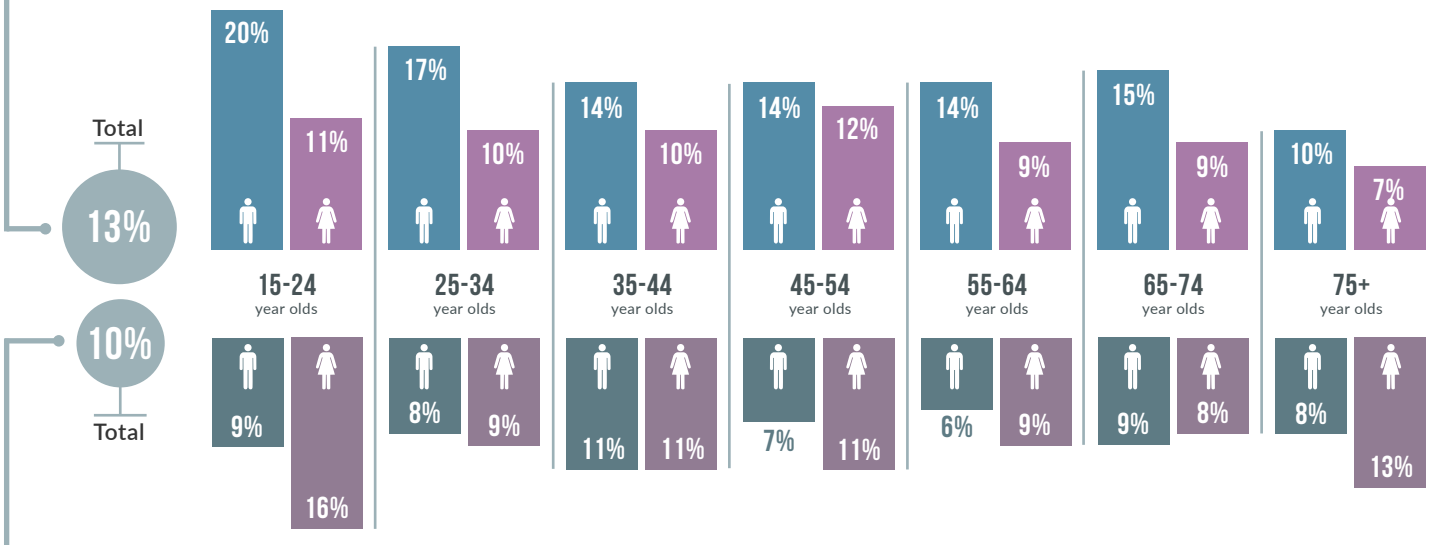
In the future, I would be willing to continue a relationship with a friend who developed a mental health problem **83%**

POSITIVE MENTAL HEALTH is measured using the Energy and Vitality Index **(EVI)**. It involves respondents indicating the extent to which they felt 'full of life', 'calm and peaceful', had 'lots of energy' and had 'been a happy person' over the past four weeks. Scores are calculated on a scale of 0 to 100 with higher scores indicating higher positive mental health.

NEGATIVE MENTAL HEALTH was measured using the Mental Health Index-5 **(MHI-5)**. This involves respondents answering five question items relating to their mental health over the previous four weeks. The score from the MHI-5 is computed by adding the scores for each question item and then transforming the raw scores to a 0-100 point scale. A lower score on this scale indicates greater psychological distress.

PROPORTION WITH POSITIVE MENTAL HEALTH

(% with an EVI score equal to or over one standard deviation of the mean)



PROPORTION WITH NEGATIVE MENTAL HEALTH

(% with a MHI-5 score of 56 or lower)

Notes

Notes

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