

# **The National Health & Lifestyle Surveys 2003**

## **REGIONAL SUMMARY REPORT**

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HEALTH PROMOTION  
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AN TAONAD COTHÚ  
SLÁINTE

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## INTRODUCTION

Two baseline surveys of health related behaviours among adults and school-going young people were carried out across the Republic of Ireland in 1998 and again in 2002. The main aims of these surveys are to:

- Produce reliable data of a nationally representative cross-section of the Irish population in order to inform the Department of Health and Children's policy and programme planning.
- Maintain a survey protocol which will enable lifestyle factors to be re-measured so that trends can be identified and changes monitored to assist national and regional setting of priorities in health promotion activities.

This report focuses on these two cross-sectional studies, SLÁN (Survey of Lifestyles, Attitudes and Nutrition) adults aged 18+ years and HBSC (Health Behaviour in School-aged Children) school-going children aged 10-17 years.

In keeping with the health and lifestyle surveillance system of many European countries a number of related factors were measured in both surveys. These include general health, smoking, use of alcohol and other substances, food and nutrition, exercise and accidents. This report presents the findings for the same topics at a regional level with some demographic analysis. It must be noted that the aim of the survey was to establish patterns in health and lifestyle at a national level. The significance therefore of findings at the regional level is to identify potential variations that may merit further investigation.

This work was commissioned by the Health Promotion Unit, Department of Health and Children and carried out at the Centre for Health Promotion Studies, National University of Ireland, Galway, and at the Department of Public Health Medicine and Epidemiology, Woodview House, Belfield, National University of Ireland, Dublin.

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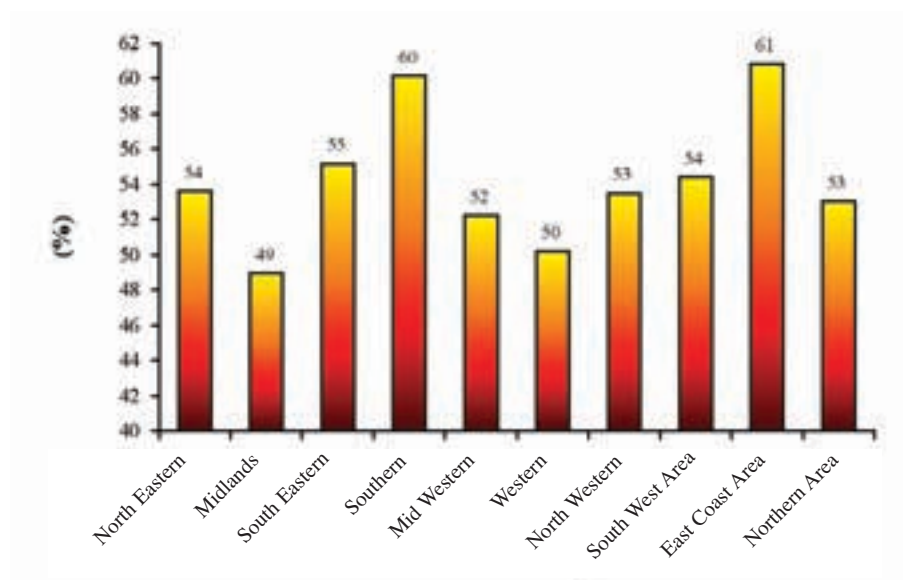
## SUMMARY REPORT

This summary report examines key lifestyle variables according to age, sex and across the present 10 Health Board regions in the National Health and Lifestyle Surveys, SLÁN (Survey of Lifestyles, Attitudes and Nutrition) and HBSC (Health Behaviours among School-Going Children). The information presented from 2002, standardised in adults to the 2002 population census. A summary of the main findings from SLÁN and HBSC follows.

## GENERAL HEALTH

The majority of respondents nationally reported excellent or very good health. However, there were significant regional fluctuations as can be seen in Figure 1. The Midlands reported the lowest response while the East Coast Area and Southern Health Boards reported the highest rates.

**FIGURE 1: Percentage of respondents with perceived excellent/very good health by Health Board SLAN 02**



The top four requirements for improving health were the same for all Health Boards – less stress, more money, more willpower, a change in weight, - and less pollution in the East Coast Area Health Board.

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All Health Boards showed similar preferences for obtaining health information. In all boards GP, media and family/friends were named as the main sources of health information. The Internet, a category not included in the 1998 survey, was also a popular source of information, ranking fourth or fifth everywhere except the North Western Health Board.

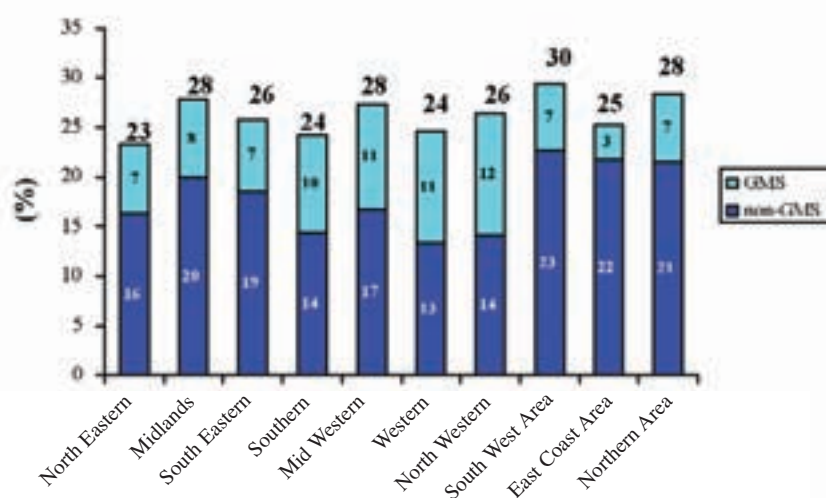
Since 1998 in every Health Board area less men report having had a blood pressure check in the last year and more women do so. Also notably in every health board area since 1998 more men and women report having had a cholesterol check in the last year. These findings may reflect the rollout of the cardiovascular strategy since the first survey in 1998.

There were no statistically significant differences by region in excellent self reported health among school-going children in 2002. However in nine out of 10 board areas boys ranked their health better than girls did. Rates of reported happiness among school-going children did not vary significantly across board area either. Similarly in all Health Board areas use of a seatbelt in a car had risen since 1998 for both boys and girls. Dental health practices have also improved universally.

## SMOKING

For the purposes of this report, "smoker" refers to cigarette smokers only. There were no statistically significant variations in overall smoking rates by Health Board region in 2002 though smoking rates were higher among general medical services card holds everywhere except the East Coast and South West Areas of the ERHA. Among non-medical cardholders there were significant regional variations, with highest rates in Northern Area of the ERHA (27.4%).

**FIGURE 2: Contribution to regular/occasional cigarette smoking rates according to Health Board and GMS status SLAN02**



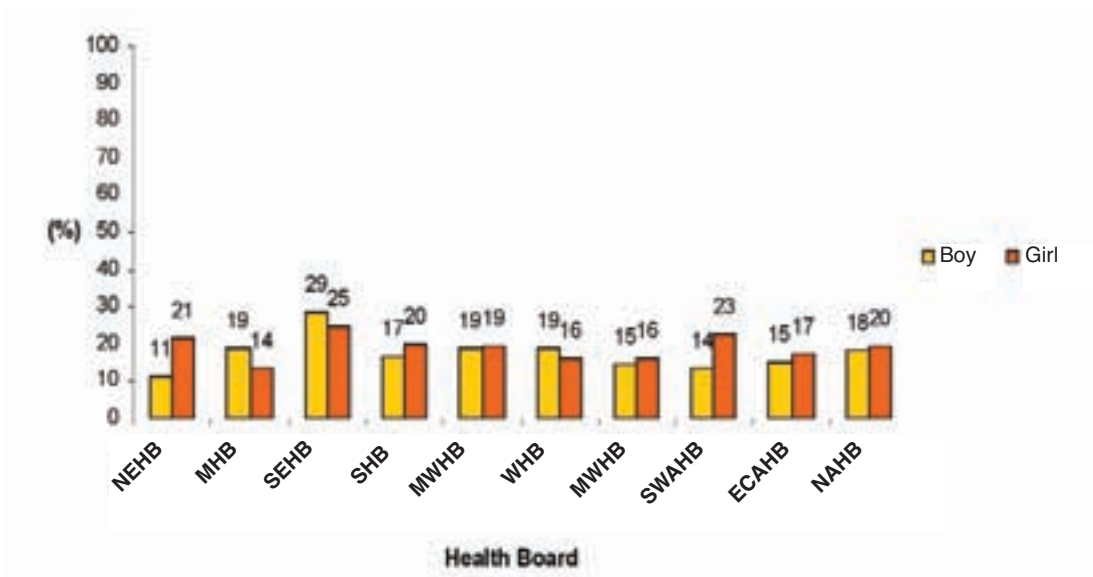
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The ratio of male to female smokers shows regional variation with higher smoking rates among females in Southern and Mid Western Boards and the Northern Area of the ERHA. In all other regions males smoked more – significantly so in the East Coast Area where 30% of males smoked compared with just 22% of females. On average, males smoked more cigarettes per day than females across all Boards.

Exposure to passive smoke is generally downwards since 1998. However exposure in pubs and clubs is higher among men than women in every region in 2002 and highest (51.9%) among men in the ERHA area.

Among the HBSC cohort, smoking is a behaviour that is related to age group and both experimentation and current smoking increase with age. Among school-going children there are no statistically significant regional variations in “ever smoking” rates but there are significant variations in current smoking rates for boys and girls, explicable in part by age differences in the samples.

**FIGURE 3: Percentages of respondents who report that they currently smoke HBSC02**

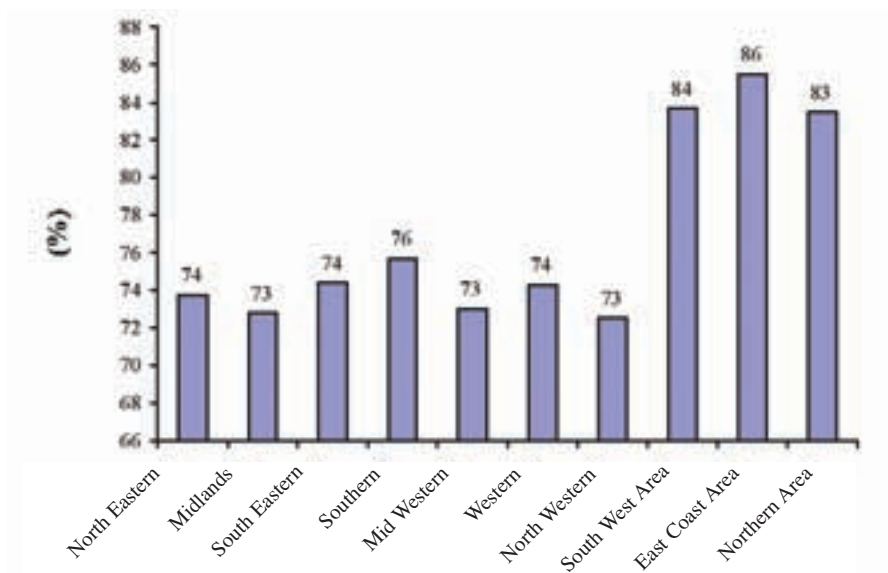


## ALCOHOL

Over three-quarters of respondents nation-wide had consumed alcohol in the last month with highest rates of consumption in the ERHA areas. More men than women were regular drinkers but the ratio of male to female drinkers was much less marked in the ERHA area. There were also significantly fewer non-drinkers in the ERHA area than in the rest of the country.



**FIGURE 4: Regular alcohol consumption by Health Board SLAN02**



A substantial number of respondents reported drinking 5 or more times in a typical week, this ranged from ten percent in the South Eastern Health Board to twenty percent in the East Coast Area Health Board. The lowest abstention rates were in the South West Area and the highest were in the Midlands and Mid Western Health Boards. The “Dublin effect” was strong, with significantly fewer non-drinkers in those Boards than in the rest of the country. There was a clear age trend across all Health Boards, with older people more likely to abstain from alcohol.

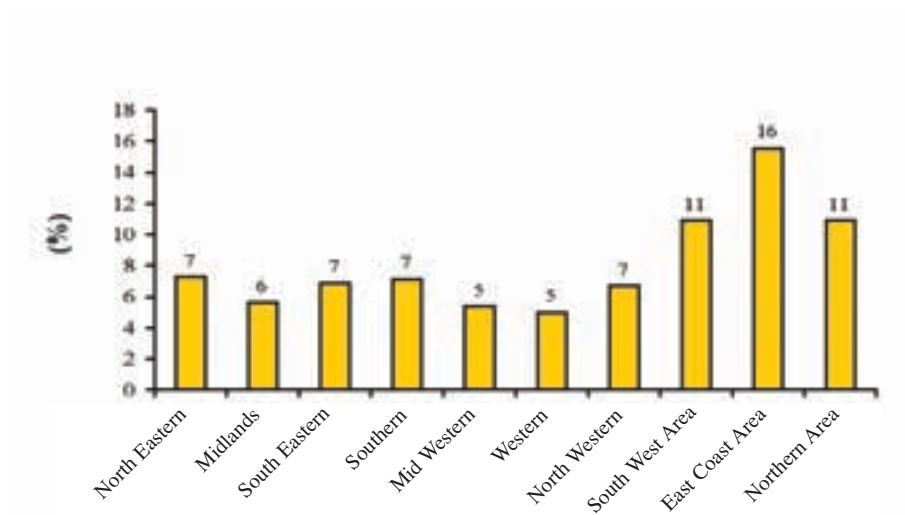
There are significant differences in reported alcohol consumption across Health Boards for both boys and girls. Girls in the North Western Health Board (50%) and boys in the North Eastern Health Board (46%) are least likely to report ever drinking alcohol. There are also significant differences across Health Boards in those drinking in the last month. Boys (39%) and girls (33%) in South Eastern Health Board are most likely to report drinking alcohol in the last month. In all Boards except in the North Eastern Health Board boys are more likely to report having been drunk 10 or more times than girls.

## Drugs

There is notable regional variation in reported cannabis/marijuana use in the previous 12 months with highest rates in the ERHA region. Approximately sixteen percent of respondents in the East Coast Area Health Board reported using cannabis in the previous 12 months, compared to a maximum of seven percent (North Eastern Health Board) outside Dublin. The lowest reported usage was in the Western Health Board (5%). In all Boards more men than women used cannabis during this period.

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**FIGURE 5: Percentage using cannabis in previous 12 months by Health Board SLÁN02**



Ecstasy use was largely among the 18-34 year age group. And again, a strong positive “Dublin effect” was observed, with ecstasy consumption at high levels in all three ERHA Board areas.

There are statistically significant differences across Health Boards in reported cannabis use, both for boys and girls. In all Health Boards, except the NEHB, boys are more likely than girls to report cannabis use in the last 12 months. Students from the Health Boards in the ERHA region report a higher level of cannabis use in the last 12 months. This is particularly clear among the 15-17 year olds.

**TABLE 1: Statistically significant differences in reported cannabis use in the last 12 months between boys and girls in the ERHA and the rest of the country HBSC02**

Gender	ERHA Board (%)	Rest of the Country (%)
Boys	SWAHB 46%	29%
Girls	SWAHB 27%	17%
Girls	ECAHB 27%	18%

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### FOOD AND NUTRITION

There is significant regional variation in the percentage of respondents who are obese with the highest rates in Northern Area of the ERHA (16%) and the lowest in the East Coast Area of ERHA (10%). In all Board areas fewer women are obese, but the difference is only statistically significant in the North Eastern and Western Health Boards. The highest rate of obesity among men was in the Mid Western Health Board (18%) and among women in the Northern Area Health Board (15%).

Fourteen percent of respondents nationally were on a weight reducing diet and rates were highest in Northern Area Health Board (17.9%), followed by South West area (16.2%) of the ERHA. The percentage of women on such a diet was significantly greater than the percentage of men in all Health Boards.

**TABLE 2: Percentage on weight reducing diets by Health Board and gender SLÁN02**

Health Board	Males %	Females %	Overall %	Valid n
North Eastern	7.3	18.9	14.3	557
Midland	4.3	21.1	14.0	534
South Eastern	5.1	20.9	14.1	595
Southern	7.4	17.9	13.4	788
Mid Western	2.6	18.9	12.6	473
Western	4.5	18.0	13.3	489
North Western	3.2	16.7	11.2	402
South West Area	3.9	23.2	16.2	699
East Coast Area	1.8	17.3	12.0	531
Northern Area	6.7	23.8	17.9	549

Overall a slightly higher percentage of women than men consumed the recommended four or more servings a day of fruit and vegetables and this was seen in most Boards, but particularly East Coast and Northern Areas of the Eastern Regional Health Authority. There was no regional variation in recommended consumption of three servings of dairy produce per day. Reported butter and full fat milk consumption were universally down in all board areas since 1998 for both men and women.

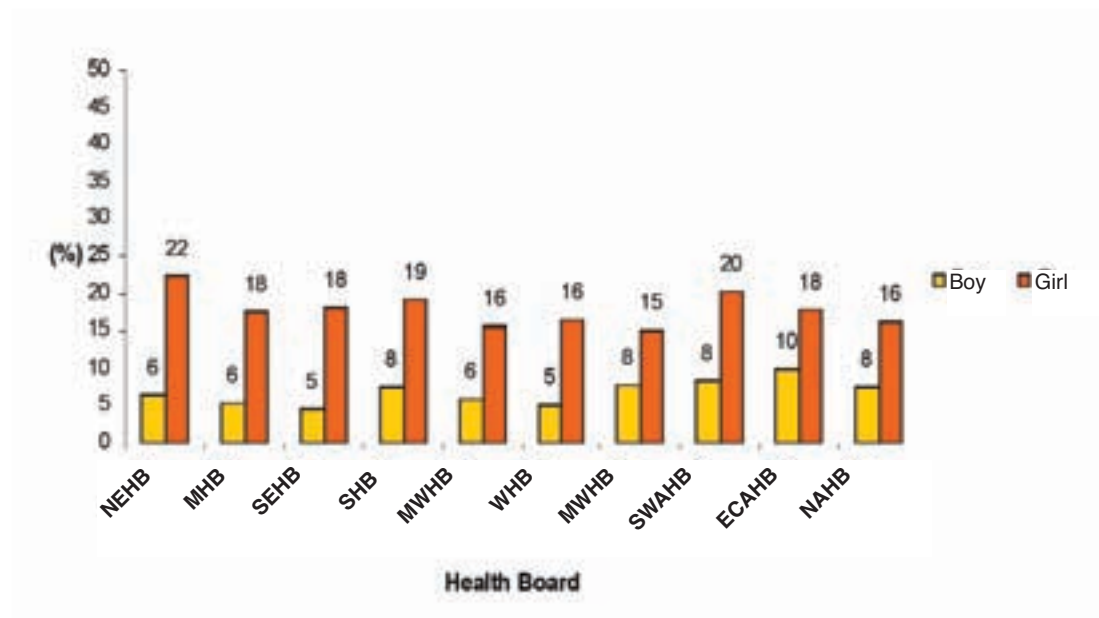
There are no significant differences across Boards in the percentages of children reporting that they are on weight reducing diets. There are however, within Boards, consistent and substantial differences between boys and girls.



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**FIGURE 6: Percentages of respondents who report that they are on a weight reducing diet HBSC02**



There are statistically significant differences across Health Boards in fruit consumption more than once daily for girls, but not for boys. In all Health Board regions, except the Midland Health Board, more girls than boys report eating fruit on a more than daily basis. There are no significant variations in vegetable consumption among boys and girls by region. Among boys reported not eating breakfast during the week six percent were in the Northern Eastern Health Board and twenty percent were in the North Area Health Board.

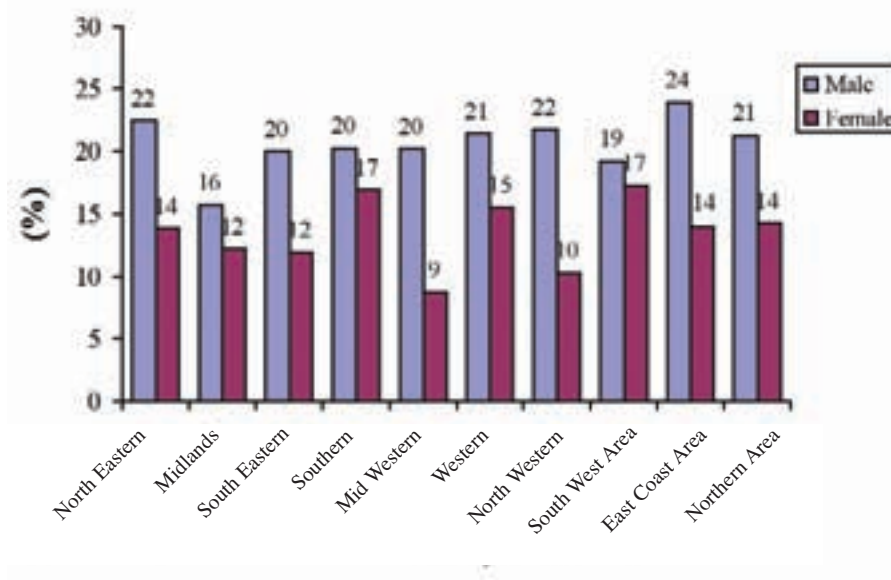
## EXERCISE

Nationally, fifty-one percent of respondents engaged in regular physical exercise in a typical week. The sedentary rates were higher among medical cardholders than non-GMS respondents, and this was significant everywhere except the East Coast Area. There are no significant regional variations in exercise patterns among adults, though men in every area are more active than women, excluding housework where the converse universally applies, ranging from sixty nine percent of women in the ERHA region doing light housework most days to eighty-two percent of women in the Midland Health Board. Nor are there significant differences in activity levels by region among boys and girls. Consistent gender differences can be identified however. Boys in each Health Board area were more likely than girls to report exercising four or more times per week, with differences particularly among the older age group. In all health boards, girls were more likely to report exercising on a less than weekly basis.

## SAFETY BEHAVIOUR AND ACCIDENTS

No data on fatal injuries was collected by this survey but injuries in the previous two years that had interfered with daily activities were recorded. Men were more likely than women to have suffered such an injury across all Health Boards. There was a significant age gradient in many board areas, with the older age groups less likely to have suffered an injury.

**FIGURE 7: Incidence of injury within previous two years by Health Board and gender SLÁN02**



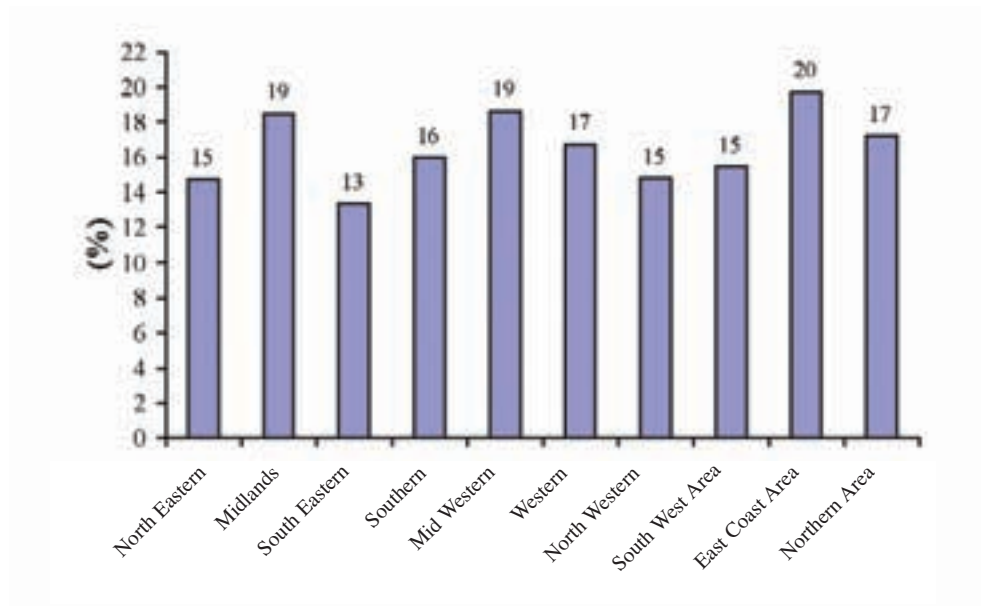
Domestic injuries, occurring either in the home or garden, were the most common form of injury everywhere except the South Eastern and Mid Western Health Boards. Most other injuries occurred in the workplace or while playing sport.

Drinking and driving is a major concern for road safety. Respondents were asked if they had driven after consuming two or more alcoholic drinks. The worst offenders were in the East Coast Area Health Board (20%), while respondents in the South Eastern Health Board were the least likely to drink and drive (13%). Men were significantly more likely to drive after having consumed alcohol than women in all Boards. A higher percentage of respondents without medical cards reported drinking and driving in all Boards compared with their GMS counterparts.

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**FIGURE 8: Percentage driving after consuming two or more alcoholic drinks by Health Board SLÁN02**



Men were significantly less likely than women to always use seatbelts in the front of car. A similar percentage of GMS and non-GMS respondents reported always wearing seatbelts. Respondents in the Eastern Regional Health Authority (East Coast Area, South West Area and Northern Area) were more likely than those in the other Health Boards to use seatbelts in the front seat of a car.

There are no significant differences across Health Boards in cycle helmet use among children. In most areas, more girls than boys report that they always use a helmet when cycling. Also girls are more likely to report always wearing a seat belt.

Children were asked if they had been injured and were treated by a doctor or nurse in the past 12 months. There were no significant differences across boards in the numbers being treated by a doctor or a nurse in the last twelve months. However, there were some significant gender differences within Boards, especially among the older children.

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**TABLE 3: Statistically significant gender differences in treated injury in the last 12 months by health board and age group HBSC02**

Health Board	12-14 years		15-17 years	
	Boys %	Girls %	Boys %	Girls %
NEHB	65	39	ns	ns
MHB	ns	ns	58	35
SEHB	59	40	56	40
SHB	57	39	60	34
MWHB	64	38	70	34
NWHB	ns	ns	59	36
SWAHB	54	36	56	33
NAHB	60	33	ns	ns



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