hi
Healthy Ireland

HEALTHY IRELAND SURVEY 2017

Summary of Findings

Ipsos MRBI

Acknowledgment

Contents

HEALTHY IRELAND SURVEY 2017

KEY SURVEY FINDINGS

HEALTH BEHAVIOURS

		2015	2016	2017
Proportion of the population who...	Smoke	23%	23%	22%
	Drink alcohol	76%	75%	76%
	Binge drink on a typical drinking occasion	30%	28%	30%
	Drink sugar sweetened drinks daily	15%	14%	16%

GENERAL HEALTH

		2015	2016	2017
Proportion of the population who	Describe their health as good or very good	85%	84%	84%

WEIGHT

		2015	2016	2017
Proportion of the population who	Have a normal weight or are underweight	39%	NO DATA	38%
	Are overweight or obese	61%	NO DATA	62%
Proportion of those who are overweight or obese who are trying to lose weight		49%	NO DATA	49%

01 Executive Summary

Introduction

- This report provides an overview of results from the third wave of the Healthy Ireland Survey, an annual interviewer administered face-to-face survey commissioned by the Department of Health

- Survey data play a number of roles, including supporting the Department in ongoing engagement and awareness-raising activities in the various policy areas and supporting better understanding of policy priorities

- The third wave consists of 7,487 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 2016 and June 2017. Respondents were selected using a probability-based methodology and interviewed in their homes

Smoking

- 22% are current smokers. 18% smoke daily and 4% smoke occasionally

- Those living in the most deprived areas are twice as likely to smoke as those living in the most affluent ones

- 47% of all who have smoked in the past 12 months have made an attempt to quit during that period

- Over half of smokers (57%) are at least thinking about quitting, with 13% currently trying to quit

- 48% of current smokers have tried e-cigarettes at some point, compared with 16% of ex-smokers

Alcohol

- Three-quarters have drunk alcohol in the past year, with over half (54%) of drinkers drinking at least once a week

- 39% of drinkers indicate that they drink six or more standard drinks (binge drinking) on a typical drinking occasion

- 19% of drinkers indicate that during the past 12 months they have had feelings of guilt or remorse after drinking

- 10% of drinkers have failed to do what was normally expected from them in the past 12 months because of drinking

Diet and Nutrition

- Of the five types of unhealthy foods measured by the survey, 35% consume at least one of them on a daily basis

- Differences in unhealthy eating behaviours across gender and age groups typically relate to the types of unhealthy food eaten, rather than the frequency of eating unhealthy food

- Over a third (37%) indicate that they eat at least five portions of fruit and vegetables daily (including juices)

- Among those who eat at least one of the types of unhealthy food measured on a daily basis, 30% also binge drink on a typical drinking occasion, and 22% are smokers

Weight

- This wave of the survey finds that 36% have a normal weight, 39% are overweight and 23% are obese. 2% are underweight

- The proportion that has a normal weight declines with age, with 63% of those aged 15 to 24 having a normal weight, declining to 24% of those aged 65 and older

- 61% have an increased risk of premature death due to obesity, with 36% having a substantially increased risk

- Over a third (36%) indicate that they are trying to lose weight, 28% are trying to maintain their weight and 5% are trying to gain weight

Active Travel

- Almost two-thirds (65%) of those travelling to work or education mainly travel by car

- 18% mainly use an active form of travel on their usual journey to work or education, with 31% using this form of travel at least occasionally

- 73% of those whose usual journey is less than one kilometre mainly use an active form of travel (by foot or cycle). This declines to 37% of those travelling between 1 and 3 kilometres

- 8% have made a change over the past two years to the mode of travel used between home and work or education. Half (50%) of this group use an active form of travel at least occasionally

Health Behaviours Among Young People

- This section combines data collected from 15 to 24 year olds across three survey waves to provide a robust understanding of this population cohort

- 19% of 15 to 24 year olds are current smokers. 29% of 20 to 24 year olds currently smoke

- Over half (53%) of young drinkers in Ireland binge drink on a typical drinking occasion. This accounts for 36% of all young people in Ireland

- 30% of young people in Ireland are overweight or obese. The majority (52%) of these are not currently trying to lose weight

Sexual Health

- 21% have had a HIV test and 22% have had a STI/STD test during their lifetime

- During the past 12 months, 5% have had a HIV test and the same proportion have had a STI/STD test

- Women aged 25 to 34 are most likely to have had a test, with 44% having had a STI/STD test during their lifetime, and 39% having had a HIV test during their lifetime

- 23% of men who have sex with other men, and 17% of men who have sex with women, have had a STI/STD test during their lifetime. The comparable figures for HIV testing are 28% and 15% respectively

- Among those who have had multiple sexual partners in the past 12 months, 16% have had a STI/STD test, and 13% have had a HIV test during this time

General Health

- 84% perceive their health to be very good or good. 3% perceive it to be very bad or bad

- Self-reported good health declines with age. 93% of those aged 15 to 24 perceive their health to be very good or good. In contrast, 61% of those aged 75 or older perceive their health to be as such

- 66% of those living in the most deprived areas consider their health to be good or very good. 90% of those living in the most affluent areas perceive their health to be as such

- 30% have a long-standing illness or health problem. This is highest among those aged 75 and older, 61% of whom report an illness or health problem

- 21% indicate that they are limited in their everyday activities due to health problems

Health Service Utilisation

- 11% have been admitted to hospital during the past 12 months

- 10% have been admitted to a public hospital, and 3% admitted to a private hospital

- 17% have been admitted to a hospital in the past 12 months as a day patient. This rises to 29% of those aged 75 and older

- 15% have visited an Emergency Department in the past 12 months. This rises to 22% of those aged 75 and older

- 47% have visited a dentist in the past 12 months

Antibiotics

- 39% were prescribed an antibiotic in the past 12 months

- 1% of those who were not prescribed an antibiotic in the past 12 months have consumed one

- 68% correctly agree that antibiotics can kill bacteria, and 51% were correct in disagreeing that antibiotics can kill viruses

- 67% correctly disagree that antibiotics work on most coughs and colds

- 90% are aware that if taken too frequently, antibiotics may not work in the future, and 71% are aware that resistance to antibiotics is a problem in hospitals

Breastfeeding

- 49% of those with children indicate that at least one of their children was breastfed

- Those aged 35 to 44 with children are most likely to have breastfed (59%), and 52% of those younger than this with children have done so

- Breastfeeding rates differ by level of education achieved. 74% of parents with a university degree have a child that was breastfed, compared with 34% of those who left school before completing the Leaving Certificate

- 79% correctly agree that breast milk meets a baby's nutritional needs for the first six months, and 65% correctly agree that babies can continue to be breastfed after the introduction of solid food

- 52% correctly disagree that infant formula is as good as breast milk

- 26% correctly agree that feeding a baby formula increases the chances the baby will get sick. 19% correctly agree that if a child is not breastfed she/he will be more likely to become overweight

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

- 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 policy-making perspective

- Support the Department of Health 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 third wave of this survey. The third wave consists of 7,487 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 2016 and June 2017.

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

- Smoking

- Alcohol

- Diet and nutrition

- Physical measurements (weight, height and waist circumference)

- Sexual health

- General health

- Health service utilisation

- Active travel

- Attitudes to breastfeeding

- Usage of antibiotics

Where appropriate, survey results are compared to results of the initial two waves of this survey conducted between November 2014 and August 2015, and September 2015 and May 2016 respectively. Reports on these waves of the survey have been published separately.[1]

In addition to providing an overview of survey results, this report also provides a more in-depth analysis of three areas – active travel, diet and nutrition, and health behaviours among young people (aged 15 to 24). The third section combines data from the three survey waves to provide a robust sample to explore a variety of health behaviours.

At the time of publication, survey fieldwork on the fourth wave of the Healthy Ireland Survey is already underway and publication of results is expected in autumn 2018.

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

03 Survey Methods and Technical Overview

The Healthy Ireland Survey uses an interviewer-administered questionnaire with interviews conducted on a face-to-face basis with individuals aged 15 and over. This is the third wave of the survey conducted between September 2016 and June 2017. It involves 7,487 interviews with a representative sample of those living in Ireland. It follows the first two waves conducted between 2014 and 2016.

Topics covered by this wave include:

- Smoking
- Alcohol
- Diet and nutrition
- Physical measurements (weight, height and waist circumference)
- Sexual health
- General health
- Health service utilisation
- Active travel
- Attitudes to breastfeeding
- Usage of antibiotics

As part of the survey, participants were asked to take part in a physical measurement module. Within this module interviewers measured and recorded the respondent's height, weight and waist circumference. A total of 5,868 (78% of all respondents) participated in this module.

At the end of the face-to-face survey, respondents aged 17 and over were asked to complete a self-completion questionnaire on issues relating to sexual health. A total of 6,291 respondents (85% 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 those living in Ireland 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, 639 electoral divisions (or combinations thereof) contained one sampling point, 17 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 attempted on different days and at 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

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
- Physical measurements
- 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 2016 and June 2017. 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 38,144 visits were made to the 13,720 selected addresses. 9,463 (69% of all addresses) received multiple visits, with an average of 2.8 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 60.4%.

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 were conducted to ensure the accuracy of the final dataset.

Additionally, 100 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

Whilst 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 are known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, three weights were produced – a main survey weight and separate weights for physical measurement and 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 physical measurement and 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 these modules). 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 for the physical measurements module were age by gender, work status of the respondent, whether or not the respondent was the chief income earner in the household, general health of the respondent, number of people in the household and region.

The variables used for the sexual health module were: gender, education, work status of the respondent, region, general health, ethnicity, number of people in the household, and whether or not 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 earlier waves of the survey.

Please note, due to rounding, there may be occasions throughout this report where percentages displayed within any given 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.

For ease of understanding, deciles are referred to as "areas" throughout this report. All references to the most deprived areas refer to the most deprived decile, and all references to the least deprived or most affluent areas refer to the least deprived decile.

Survey representation

This survey is designed to be representative of the population of Ireland aged 15 and older. Extensive efforts are made to maximise response rates across population groups and minimise any non-response bias. Additionally, the application of population weights to the survey data ensures that the survey sample is aligned with the profile of the general population.

For this reason, it is possible to refer to the survey results as relating to the population generally, and any references to the population in this report are derived from survey results.

PROFILE OF SURVEY RESPONDENTS

TOTAL BY GENDER

Men
45%
(3349)

Women
55%
(4138)

AGE

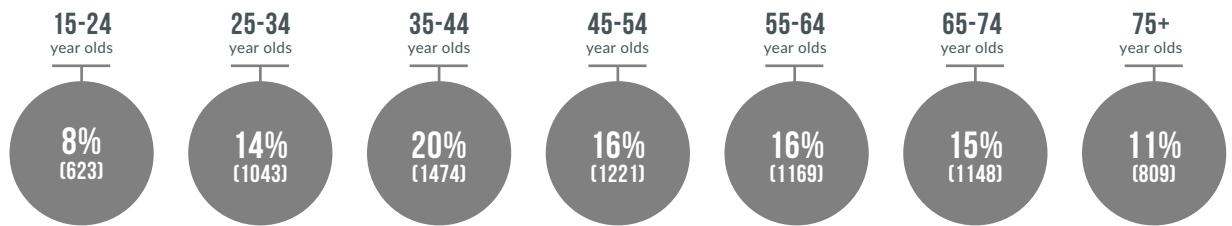| 15-24 year olds	25-34 year olds	35-44 year olds	45-54 year olds	55-64 year olds	65-74 year olds	75+ year olds
8% (623)	14% (1043)	20% (1474)	16% (1221)	16% (1169)	15% (1148)	11% (809)

AGE BY GENDER

Men	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
	4% (314)	6% (438)	8% (610)	7% (560)	7% (514)	7% (553)	5% (360)

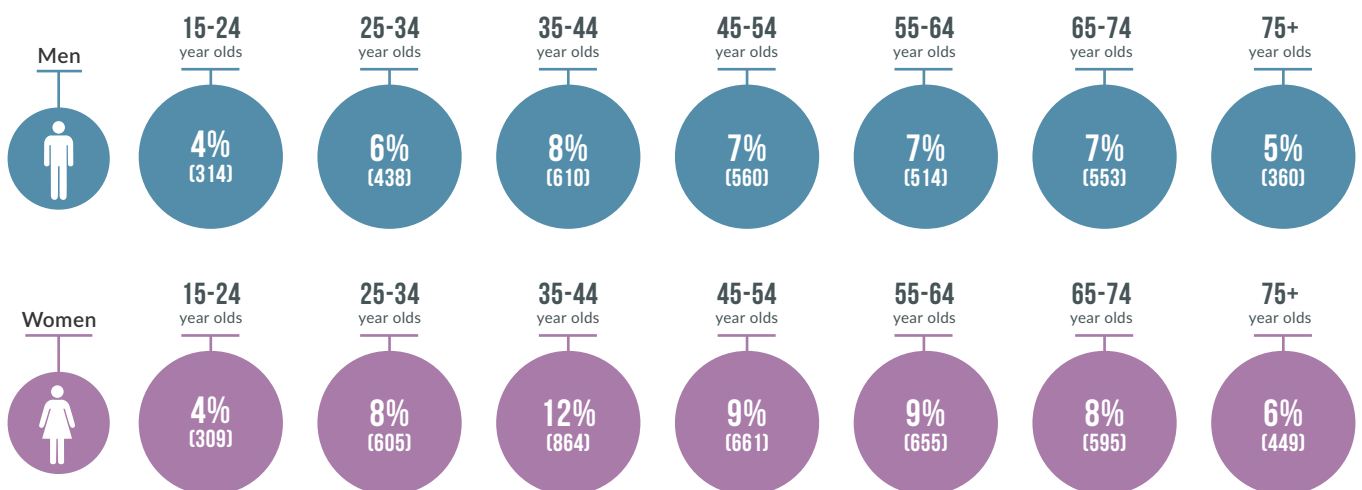| Women	15-24 year olds	25-34 year olds	35-44 year olds	45-54 year olds	55-64 year olds	65-74 year olds	75+ year olds
	4% (309)	8% (605)	12% (864)	9% (661)	9% (655)	8% (595)	6% (449)

Shown above is a profile of survey respondents before applying corrective weights to align it with the general population.

Section 1

Smoking

- 22% are current smokers. 18% smoke daily and 4% smoke occasionally

- Men are more likely to smoke than women. 25% of men are current smokers, compared to 20% of women

- Smoking rates are highest among those aged 25 to 34. 34% of this age group are current smokers

- Smoking rates are higher in more deprived areas than more affluent ones. 32% of those living in the most deprived areas are current smokers, compared to 16% of those living in most affluent areas

- 27% are ex-smokers. This is highest among men aged 65 and older, 47% of whom are ex-smokers (compared to 16% who currently smoke)

Quitting

- 47% of all who have smoked in the past 12 months have made an attempt to quit

- 42% of current smokers have made an attempt in the past 12 months. 13% are currently trying to quit, and 57% are at least thinking about quitting

- Of those who have smoked in the past 12 months, 12% have successfully quit during this time. Almost half (45%) did so through willpower alone, and 37% used e-cigarettes

E-cigarettes

- 16% overall have tried e-cigarettes at some point, and 4% currently use them

- Almost half (47%) of all current smokers have tried e-cigarettes at some point, compared with 16% of ex-smokers

- 7% of current smokers use e-cigarettes, with the same proportion of ex-smokers using them

- 18% of those who have tried to quit smoking in the past year are current users of e-cigarettes

Interactions with health professionals in relation to quitting smoking

- 35% of smokers who saw their GP in the past 12 months discussed ways of quitting smoking

- 25% of those who saw a hospital doctor had this discussion, as did 22% of those who saw a nurse

- Those aged 25 to 34 (where smoking rates are higher) were less likely to discuss with their GP ways of quitting. 30% of this age group who saw their GP discussed ways of quitting

Exposure to second-hand smoke
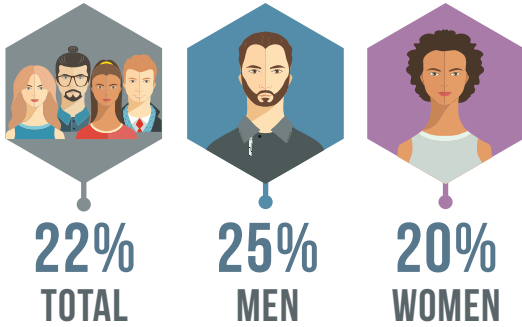
- Overall, 16% are exposed to second-hand smoke on a daily basis

- 34% of smokers are exposed to second-hand smoke daily, and 10% of non-smokers exposed daily

- Exposure to second-hand smoke among non-smokers is highest among those aged 15 to 24, 19% of whom are exposed to it on a daily basis

- Also, 18% of non-smokers living in the most deprived areas are exposed to second-hand smoke daily
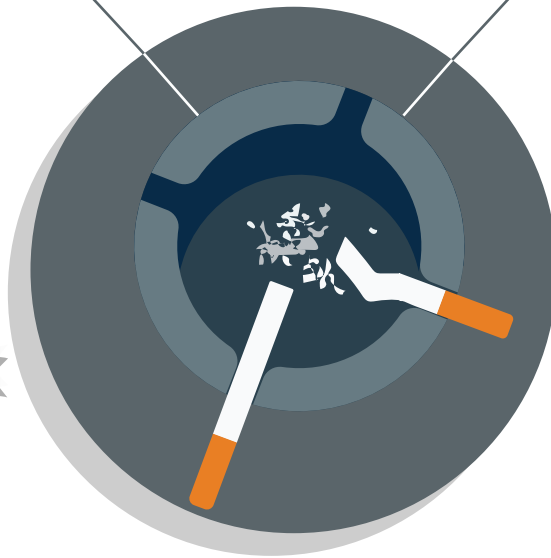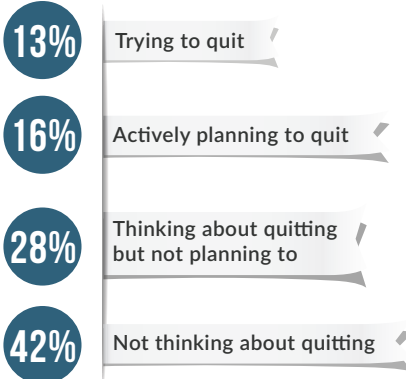
SMOKING

SMOKING PREVALENCE

Prevalence by Gender

22% TOTAL

25% MEN

20% WOMEN

Prevalence by Age

19%	34%	24%	21%	20%	16%	9%
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

QUITTING

ATTITUDES TO QUITTING

13% Trying to quit

16% Actively planning to quit

28% Thinking about quitting but not planning to

42% 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

GP — 35%

HOSPITAL DOCTOR — 25%

NURSE — 22%

DENTIST — 20%

PHARMACIST — 10%

OTHER HEALTH PROFESSIONAL — 12%
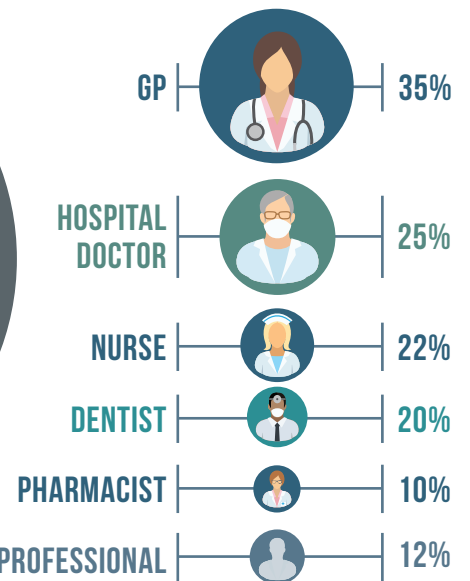
OTHER FACTORS

E-CIGARETTE USAGE

Among Smokers
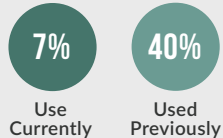
7% Use Currently

40% Used Previously

Among Ex Smokers

7% Use Currently

9% Used Previously

Among Never Smokers

<1% Use Currently

1% Used Previously

DAILY EXPOSURE TO SECOND-HAND SMOKE

Among

Smokers — **34%**

Non Smokers — **10%**
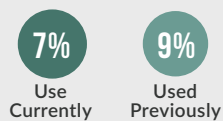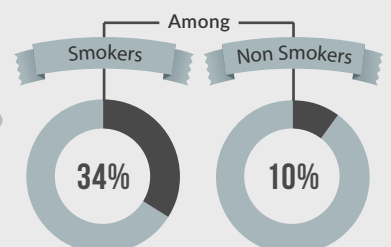
05 Alcohol

Alcohol consumption

- Overall, 76% in Ireland have drunk alcohol in the past 12 months

- Those aged 25 to 44 are most likely to have drunk alcohol in the past 12 months (85%), with those aged 75 and older least likely to have done so (52%)

- Men are more likely than women to drink alcohol (79% and 74% respectively). However, among those aged 15 to 24 and 35 to 44, no such difference exists

- Over half (54%) of drinkers, drink alcohol at least once a week with 32% of drinkers drinking on multiple days each week

- Almost two out of every three (61%) men who drink do so at least once a week, and 46% of women drink this frequently

- Older drinkers are more likely to drink more frequently. 63% of those aged 65 and older who drink do so at least once a week, and 42% do so on multiple days each week. This compares to 43% and 21% respectively among those aged under 35

Binge drinking

(Defined as drinking six or more standard drinks on a drinking occasion)

- 39% of drinkers binge drink on a typical drinking occasion. 22% of drinkers binge drink at least once a week, and 40% do so at least once a month

- The majority (58%) of male drinkers binge drink on a typical drinking occasion, compared with 21% of female drinkers

- Those who are younger are more likely to binge drink on a typical drinking occasion. 52% of drinkers aged under 35 binge drink in this way, compared with 21% of drinkers aged 65 or older

- Despite drinkers who are unemployed being less likely to drink at least once a week than those who are working (49% and 56% respectively), they are more likely to binge drink on a typical drinking occasion (61% and 43% respectively)

- The same pattern exists in terms of those living in more deprived areas. 50% of drinkers living in the most deprived areas drink at least once a week, and 47% binge drink on a typical drinking occasion. Among drinkers living in the most affluent areas, 63% drink at least once a week and 36% binge drink on a typical drinking occasion

Harms from own drinking

- 19% of drinkers indicate that during the past 12 months they have had feelings of guilt or remorse after drinking

- Additionally, 18% indicate that during the past 12 months they have had a friend or family member tell them about things they said or did while drinking that they did not remember

- Furthermore, 10% have failed to do what was normally expected from them because of drinking, and 2% have needed a first drink in the morning to get themselves going after a heavy drinking session

- Among drinkers aged under 25, 39% have had a friend or family member tell them about things they did or said while drinking that they don't remember. 33% have had feelings of guilt or remorse after drinking, and 24% have failed to do what is normally expected of them

ALCOHOL

ALCOHOL PREVALENCE

Alcohol consumption in the last 12 months

TOTAL Population

Within Population

| Drink alcohol | **76%** |

Among Those Drinking Alcohol in Last 12 Months

| Drink at least once a week | **54%** |
| Binge drink on a typical drinking occasion | **39%** |

Proportion by age

Within Population

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Drink alcohol	69%	85%	85%	83%	75%	63%	52%

Among Those Drinking Alcohol in Last 12 Months

	15-24	25-34	35-44	45-54	55-64	65-74	75+
Drink at least once a week	37%	46%	53%	63%	63%	65%	59%
Binge drink on a typical drinking occasion	48%	55%	39%	36%	32%	28%	8%

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

EXPERIENCES FOLLOWING DRINKING (LAST 12 MONTHS)

19%
Feelings of guilt or remorse

18%
Being told about something they said or did that they don't remember

10%
Failed to do what was normally expected of them

2%
Needed a drink in the morning to get them going after a heavy drinking session

EXPERIENCE OF OTHER PEOPLE'S DRINKING

Experiencing each in the past 12 months

5%
Have been a passenger in a vehicle with a driver who had too much to drink

5%
Have had family/ relationship difficulties as a result of someone's drinking

4%
Has been hit or assaulted by someone who had been drinking

4%
Have had property vandalised by someone who had been drinking

2%
Have had financial trouble because of someone else's drinking

Introduction

A healthy and balanced diet is core to maintaining a healthy lifestyle, and ensuring positive health into the future. It is a central part of maintaining a healthy weight.

In December 2016, the Department of Health launched an updated Food Pyramid as part of the Healthy Food for Life programme. The Food Pyramid, which classifies foods based on the nutrients they provide, affords guidance on the types and amount of food that should be consumed as part of a healthy diet. A key development in the revised Food Pyramid is the separation of "top shelf" foods and drinks (those that are high in fat, salt and sugar) from the rest of the Pyramid. This is intended to illustrate that these foods play no beneficial role within a healthy diet, and that their consumption should be limited to a maximum of once or twice a week.

In this wave of the Healthy Ireland Survey, a series of questions was included to measure consumption patterns of "top shelf" food items. Each respondent was asked how often, if ever, they consumed foods within a variety of food categories. To assist in answering, respondents were provided with showcards with photographs of the types of foods included in each category. The categories measured on this survey are listed below. Each category has been assigned a short name (shown in brackets) for ease of reporting.

- Foods like chocolate, sweets, and ice-cream (Sweets)

- Foods like cakes, muffins, and biscuits (Cakes and biscuits)

- Foods like popcorn, salted nuts, and crisps (Salted snacks)

- Sweet and savoury pastries (Pastries)

- Takeaways, ready meals and chips (Fried foods)

Separately, respondents were asked about their frequency of consumption of fruit and vegetables, as well as the amount consumed on a daily basis.

Consumption of unhealthy foods

Of the five types of unhealthy foods measured by the survey, 35% consume at least one of them on a daily basis, and 91% consume at least one of them each week. In contrast, 1% never consume these types of foods.

Figure 6.1: Frequency of consumption of unhealthy foods (%)
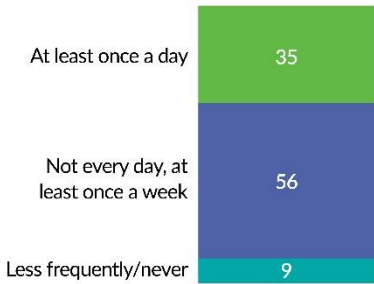
In respect of the different types of unhealthy foods, cakes and biscuits, as well as sweets, are eaten most frequently. Twenty-one percent eat cakes and biscuits daily, and the same proportion eat sweets daily. Daily consumption of the other types of unhealthy food measured by the survey is much lower – with 6% or fewer eating each type on a daily basis.

Figure 6.2: Frequency of consumption of unhealthy foods (by type of food) (%)

Frequency of consumption	Chocolate, sweets, ice-cream	Cakes, muffins, biscuits	Popcorn, salted nuts	Pastries - sweet and savoury	Takeaways, ready meals and chips
At least once a day	21	21	6	2	1
Not every day, at least once a week	49	47	39	22	36
Less frequently	22	23	31	41	46
Never	8	8	24	35	17

Unhealthy food consumption is prevalent throughout various population groups, with 35% of all age and gender groups eating at least one of these food types every day. Those aged 55 to 64 are least likely to eat these types of food everyday (30%), with those in the youngest and oldest age groups most likely to do so (40% and 37% respectively).

Consumption patterns of unhealthy foods are slightly different among those aged 75 and older when compared to those younger than this. While the proportion of this age group consuming unhealthy foods daily is similar to the population as a whole, the proportion doing so at least once a week is lower compared to those aged under 75 (81% and 91% respectively). In turn, the proportion of those older than 75 who eat unhealthy foods less often or never is higher comparative to those who are younger (19% and 9% respectively).

As with the extent of daily consumption of unhealthy foods, the types of unhealthy foods consumed also differ across gender and age groups.

Sweets are consumed on a daily basis by 22% of women, compared to 20% of men. These are consumed by 29% of those aged 15 to 24, with 33% of women in this age group eating sweets every day.

Twenty-two percent of men eat cakes and biscuits on a daily basis (compared to 19% of women). Those aged 65 and older are also more likely than younger age groups to eat these types of foods daily with 31% doing so every day.

In summary, men and those who are older are more likely to eat cakes and biscuits on a daily basis than other groups, and women and those who are younger more likely to eat sweets daily.

Across other types of unhealthy foods, weekly consumption patterns differ. Men and those who are younger are more likely than women and those who are older to eat fried foods and pastries on a weekly basis. Forty-two percent of men eat fried foods weekly and 28% eat pastries weekly. For women the figures are 33% and 19% respectively.

Similarly, 48% of those aged between 15 and 24 eat fried foods at least once a week, and 32% eat pastries weekly. This is higher relative to older age groups, of whom 32% eat fried foods and 20% eat pastries at least once a week.

Consumption of unhealthy foods and disadvantage

At an overall level, there is no discernible difference in consumption of unhealthy foods between those living in disadvantaged areas and those living in more affluent areas (as identified by the Deprivation Index). A third (33%) of those living in the most disadvantaged areas eat unhealthy foods on a daily basis, compared with 32% of those in the most affluent areas. Infrequent consumption of unhealthy foods is more common in the most disadvantaged areas, with 12% claiming to eat unhealthy foods less often than once a week or never, compared with 8% of those in the most affluent areas.

More discernible differences exist in terms of the types of unhealthy foods consumed, with those in the more disadvantaged areas more likely to eat salted snacks at least once a week than those in more affluent areas (15% and 10% respectively). In contrast, those in more affluent areas are more likely to eat sweets than those in the most disadvantaged areas (40% and 28% respectively).

Consumption of sugar sweetened drinks

Just under 1 in 6 people (16%) drink sugar sweetened drinks on a daily basis, with 38% doing so at least once a week. Consumption of these drinks is highest among men (18% daily, 43% weekly), and those aged under 35 (22% daily, 56% weekly). However, no difference exists between men and women aged under 35.

Consumption of fruit and vegetables

Over a third (37%) indicate that they eat five or more portions of fruit and vegetables daily.[2] It should be noted that the updated Food Pyramid has a new guideline on fruit and vegetable consumption of up to seven portions daily, but that every portion of fruit or vegetable counts. Forty-four percent eat between one and four portions daily, and 18% report not eating fruit and vegetables daily.

Figure 6.3: Number of portions of fruit and vegetables consumed daily (%)
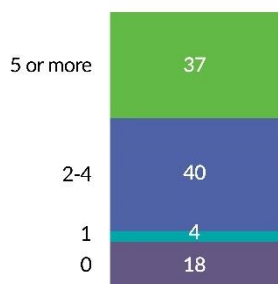
As in previous waves of this survey, consumption of fruit and vegetables is higher among women than men, and lower among those aged 75 and older than in other age groups. A higher proportion consume vegetables (73%) than fruit (62%) each day. However, some differences exist, with younger men more likely to eat fruit than vegetables. Among men aged 15

to 24, similar proportions eat fruit and vegetables daily (52% and 50% respectively), while for all other groups (including women aged 15 to 24), the proportion eating vegetables each day is higher than the proportion eating fruit.

Almost a third (32%) of those who eat at least five portions of fruit and vegetables each day also eat at least one of the "top shelf" foods daily. As such, 12% overall eat both at least five portions of fruit and vegetables daily, as well as eating unhealthy foods daily. Women are more likely to eat in this way than men (14% and 10% respectively), as are those aged 35 to 44 (15%). Among women aged 35 to 44, 19% eat both five portions of fruit and vegetables daily, and at least one type of unhealthy food.

Food consumption and BMI

As regards consumption of unhealthy foods, this survey finds no difference between those who are a healthy weight and those who are overweight or obese in terms of the amount they claim to eat. Thirty-six percent of those with a normal BMI measurement claim to consume at least one type of unhealthy food each day. A similar proportion of those who are overweight and obese (both 35%) claim to eat unhealthy foods daily.

Figure 6.4: Frequency of consumption of unhealthy foods (by BMI measurement) (%)

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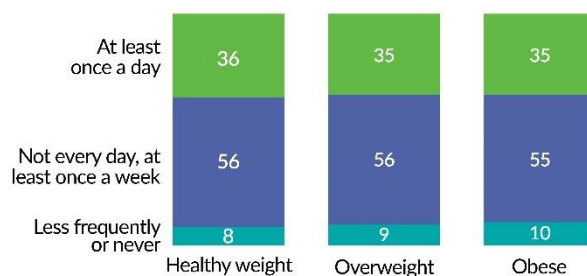
[2] This figure includes juices. Juices were excluded in previous survey waves.

However, some difference does exist between these groups in terms of consumption of fruit and vegetables, with 41% of those who are a healthy weight eating at least five portions of fruit and vegetables daily. In contrast, lower proportions of those who are overweight and obese (35% and 37% respectively) eat fruit and vegetables to this extent.

Unhealthy foods and other unhealthy behaviours

As the Healthy Ireland survey measures a variety of healthy and unhealthy behaviours, it is possible to examine these behaviours in combination. This was done in some detail in the report on Wave 2 of the survey when four unhealthy behaviours – smoking, binge-drinking, sedentary behaviour and eating fewer than five portions of fruit and vegetables daily – were analysed in combination to provide an understanding of the extent and nature of multiple unhealthy behaviours.

As Wave 3 of the survey measures consumption of unhealthy foods it is worthwhile to explore this dynamic again to understand the relationship between consumption of unhealthy foods and other unhealthy behaviours. For this analysis, daily consumption of any one type of unhealthy food is considered alongside smoking and binge drinking. Sedentary behaviour is excluded as it was not measured on this survey wave.

Sixty-two percent have at least one type of unhealthy behaviour, with 21% having multiple unhealthy behaviours. Eleven percent both eat unhealthy foods daily as well as binge drink on a typical drinking occasion, 10% both binge drink and smoke, and 8% eat unhealthy foods daily in addition to being a smoker.
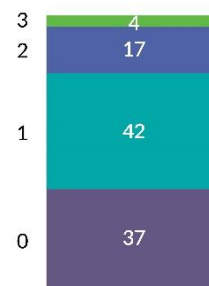
Among those who eat at least one of the types of unhealthy food measured on a daily basis, 30% also binge drink (drink six or more standard drinks on a typical drinking occasion), and 22% are smokers. Twelve percent of those who eat unhealthy foods on a daily basis both smoke as well as binge drink on a typical drinking occasion.

Analysis of Wave 2 data found that men were more likely to have unhealthy behaviours than women, and this is supported by this new analysis. Sixteen percent of men both eat unhealthy foods on a daily basis and binge drink on a typical occasion (compared with 6% of women), and 9% of men both eat unhealthy foods on a daily basis and smoke (compared with 7% of women).

Summary

The results from this wave of the Healthy Ireland survey demonstrate that unhealthy eating is a common problem throughout all sectors of the population – both men and women, young and old, and rich and poor. While subtle differences exist, these typically relate to the types of unhealthy foods eaten. There is scope for all groups in the population to improve their diet in respect of the types of foods they eat, although the types of improvements to be made may differ. For some groups, such as women and younger age groups this may require behaviour change in terms of consumption of sweets, while for men (and also younger age groups) initiatives may need to focus more on reducing consumption levels of fried foods and pastries.

Another dynamic that is clearly demonstrated through this survey is that consumption of unhealthy foods and consumption of the recommended level of fruit and vegetables are not mutually exclusive. A third of those who eat at least five portions of fruit and vegetables daily also consume unhealthy foods on a daily basis. As such, even among those meeting this requirement, their behaviour in terms of unhealthy foods is not substantially different from those who eat fewer fruit and vegetables.

A further concerning result is that there is very little difference in consumption of unhealthy foods across different BMI groups – though under-reporting may be a factor here. While BMI is determined by a variety of factors, food consumption plays a central role. The fact that there are similarities across different groups in terms of unhealthy food consumption presents a challenge both in terms of encouraging weight reduction among those who are overweight and obese, as well as maintaining a healthy weight among others.

Body weight

- This wave of the survey finds that 36% have a normal weight, 39% are overweight and 23% are obese. 2% are underweight

- Men are more likely to be overweight than women, with 70% of men overweight or obese, compared with 53% of women

- The proportion that has a normal weight declines with age, with 63% of those aged 15 to 24 having a normal weight, declining to 24% of those aged 65 and older

- In contrast, the proportion that is obese rises from 9% of 15 to 24 year olds, to 32% of those aged 65 and older

- Women in all age groups are more likely than men of the same age to have a normal weight. Men aged 35 and older are more likely than women of the same age to be obese (31% and 24% respectively), however among those aged under 35, a narrower gender gap exists (13% and 10% respectively)

Waist circumference

- The Metabolic Risk Classification devised by the World Health Organization uses waist measurements to identify whether individuals have a normal, increased or substantially increased level of risk of premature death due to obesity

- 40% overall have a normal level of risk, while 25% have an increased level of risk and 36% have a substantially increased level of risk

- Women are more likely to be at risk than men, with 45% of women having a substantially increased level of risk, compared with 27% of men

- Women aged 75 and older have the highest level of risk, with 19% having an increased level of risk and 67% having a substantially increased level of risk

Weight management

- Over a third (36%) indicate that they are trying to lose weight, 28% are trying to maintain their weight and 5% are trying to gain weight

- 34% are not taking any action in relation to their weight

- The most common action taken to lose weight is doing more exercise (68%), followed by eating fewer calories (56%). 47% are eating less fat and 42% are eating/drinking fewer sugar-sweetened foods/drinks

Other health behaviours

- Those who are overweight and obese are more likely to binge drink than those with a normal weight. 34% of those who are overweight and 35% of those who are obese binge drink on a typical drinking occasion. Of those with a normal weight, 28% drink in this way

- Levels of smoking and eating unhealthy foods are broadly similar among both those with a normal weight and those who are overweight or obese. 23% of those with a normal weight smoke, and 36% eat one of the listed forms of unhealthy foods at least once a day. This compares with 22% and 36% respectively among those who are overweight or obese

- Notable differences exist among those aged under 35. Roughly a third (32%) of under 35s who are overweight or obese are smokers, and 49% binge drink on a typical drinking occasion. This compares with 23% and 37% respectively among those with a normal weight

All respondents were asked to participate in a physical measurement module which involved an interviewer recording the respondent's weight, height and waist circumference. A total of 5,868 respondents participated in this module, accounting for 78% of all respondents. Data are weighted separately to eliminate any biases due to non-response.

WEIGHT

	% ALL
OBESE	23%
OVERWEIGHT	39%
NORMAL WEIGHT	36%
UNDERWEIGHT	2%

	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
OBESE	9%	15%	22%	29%	32%	33%	30%
OVERWEIGHT	22%	38%	40%	46%	44%	43%	43%
NORMAL WEIGHT	63%	45%	37%	25%	24%	23%	25%
UNDERWEIGHT	7%	*	*	*	*	*	2%
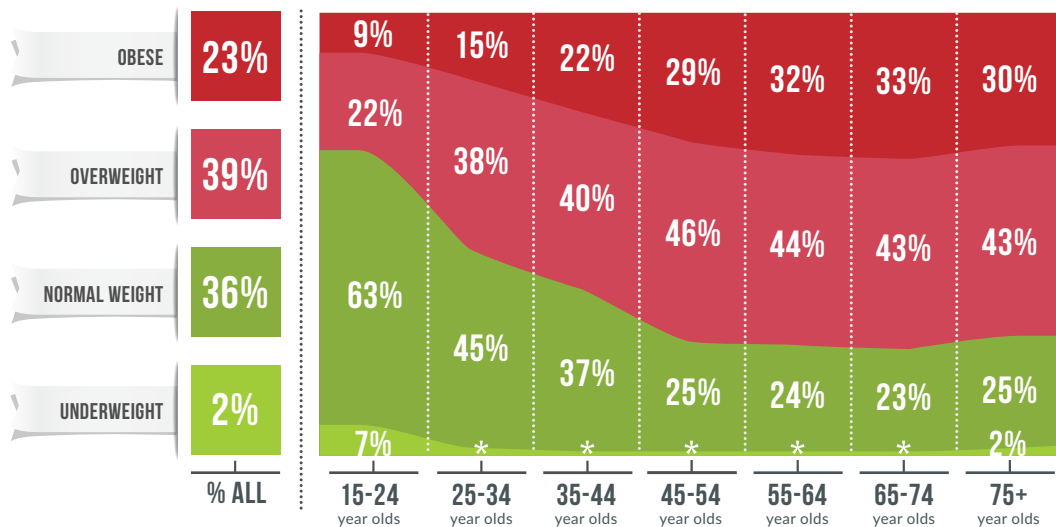
Explanatory Note

BMI is a standardised measure used to estimate whether or not someone is underweight, normal weight, overweight or obese.

It is calculated by dividing weight (in kilograms) by height (in metres) squared.

A score of over 25 is overweight, with scores of 30 or higher considered obese.

* = 1% OR LESS

WAIST CIRCUMFERENCE

The Metabolic Risk Classification devised by the World Health Organization uses waist measurements to identify whether individuals have a normal, increased or substantially increased level of risk of premature death due to obesity.

SUBSTANTIALLY INCREASED	36%
INCREASED	25%
NORMAL	40%

OTHER HEALTH BEHAVIOURS

% WHO		NORMAL/ UNDERWEIGHT	OVERWEIGHT	OBESE
SMOKE	All adults	23%	20%	22%
	All adults aged under 35	23%	31%	34%
EAT UNHEALTHY FOODS DAILY	All adults	36%	35%	36%
	All adults aged under 35	38%	36%	42%
BINGE DRINK ON A TYPICAL DRINKING OCCASION	All adults	28%	34%	35%
	All adults aged under 35	37%	51%	42%
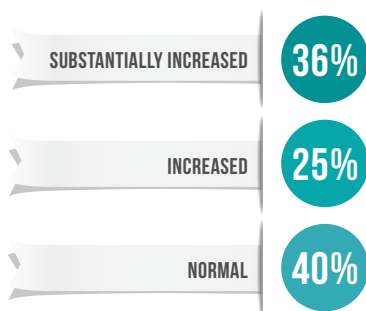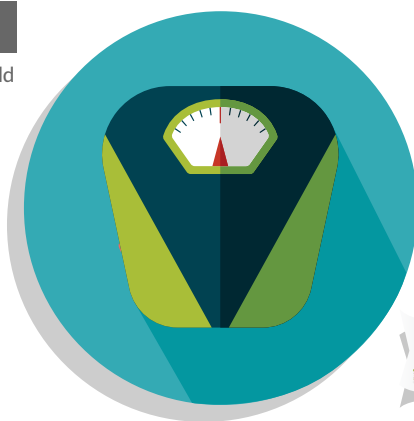
ATTITUDES TOWARDS WEIGHT

% WHO ARE	NORMAL/ UNDERWEIGHT	OVERWEIGHT	OBESE
TRYING TO LOSE WEIGHT	14%	38%	69%
TRYING TO MAINTAIN WEIGHT	35%	32%	14%
TRYING TO GAIN WEIGHT	10%	2%	0%
NOT TAKING ANY ACTIONS	41%	28%	17%
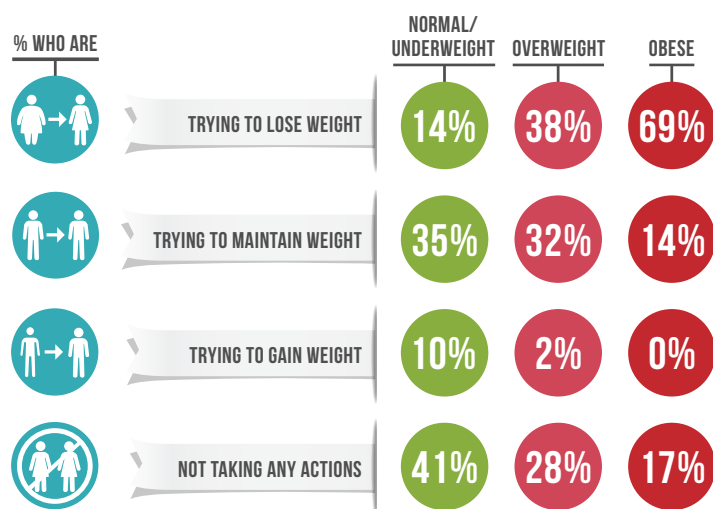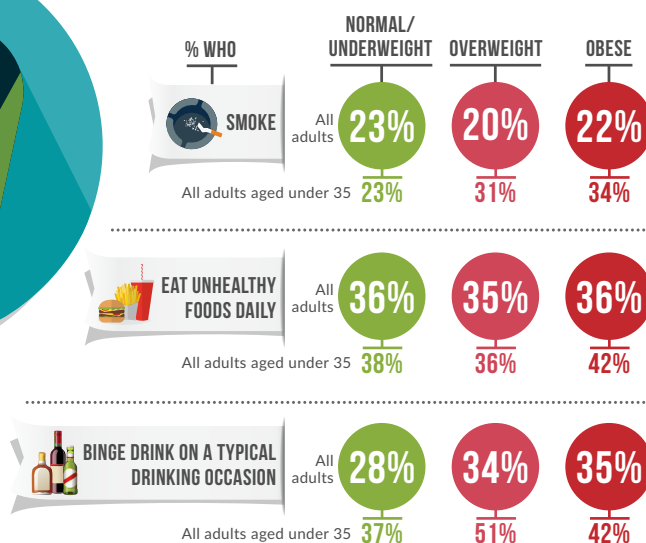
ACTIONS TAKEN TO ATTEMPT TO LOSE WEIGHT

% WHO ARE	OVERWEIGHT	OBESE
TAKING MORE EXERCISE	72%	66%
EATING FEWER CALORIES	56%	58%
EATING LESS FAT	42%	51%
EATING/DRINKING FEWER SUGARY FOODS/DRINKS	45%	44%
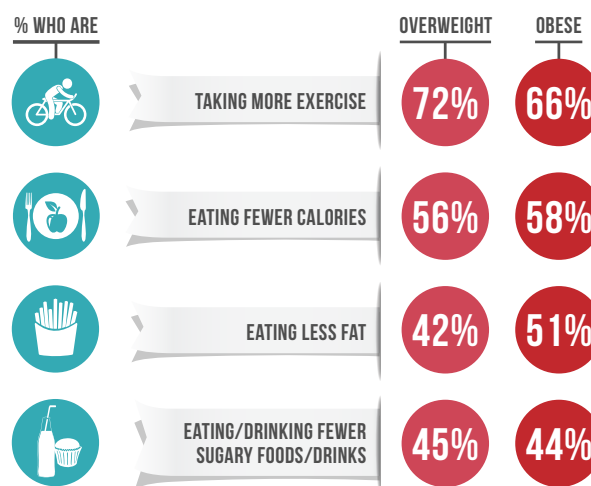
Introduction

Promoting active forms of travel is a key element of Government policy to encourage greater levels of physical activity among the population, as well as to develop a sustainable transport future for Ireland. Published in 2009, the Smarter Travel policy sets an objective to have 200,000 more people choosing active forms of travel by 2020 (for example, cycling and walking) and outlines a variety of structural developments to facilitate this. The more recently published National Physical Activity Plan (2016) reaffirms these objectives. It notes that promoting walking and cycling as modes of travel not only benefits the health of those adopting them, but also has benefits in relation to CO2 emissions, air quality and noise pollution, reducing traffic congestion and allowing better use of land.

In order to understand the extent and nature of active travel in Ireland, this wave of the Healthy Ireland Survey asked a series of questions in respect of the ways in which respondents travel to their home and place of work or education. It identified both regular and occasional forms of travel used, as well as the distance and travel time. It also id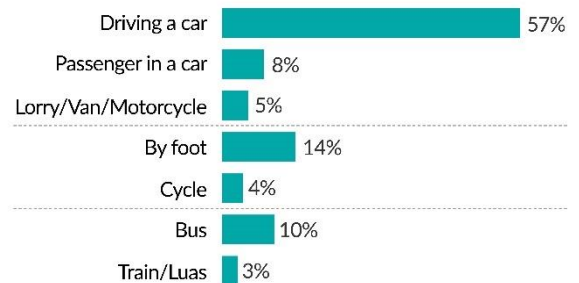entified whether or not the respondent had made a change in the past two years to the mode of travel used, and the motivation for making this change.

This information provides a firm evidence base in relation to travel patterns across the population, identifying opportunities to encourage more widespread use of active forms of travel. It also provides an understanding of the extent to which people are choosing more active forms of travel and their motivations for doing so.

Travel patterns among those in employment and education (usual form of travel)

The car is the most popular mode of travel between home and place of work or education. The majority (65%) travel by car, with most of these (57%) driving the car themselves. Expanding this to include those travelling by lorry/van or motorcycle increases the proportion using this form of travel to 69%. Usage of this form of travel is highest among those aged 45 to 54 (85%), and lowest among those aged 15 to 24 (44%). No difference exists by gender, with men and women both equally likely to travel in this way.

Figure 8.1: Main mode of travel used to travel to work/place of education (%)

Mode	%
Driving a car	57%
Passenger in a car	8%
Lorry/Van/Motorcycle	5%
By foot	14%
Cycle	4%
Bus	10%
Train/Luas	3%

Those in employment are more likely than students to use these forms of travel (76% and 38% respectively). Those in employment are most likely to drive themselves (67%), with students more likely to travel as a passenger in a car (25%).

Car usage (including lorry, van and motorcycle) is lower in Dublin (52%) than in other areas (77%), with those in Dublin more likely to use public transport than those in other regions (26% and 7% respectively).

Analysis of active forms of travel shows that 14% mainly travel to work or college on foot, and 4% cycle to work or college. A noticeable age gradient exists in terms of choosing active forms of travel, with 26% of those aged under 25, and 19% of those aged 25 to 34 travelling to work/place of education on foot or cycling. In contrast, only 14% of those aged older than 35 mainly travel by foot or cycling. As such, the majority (56%) of those choosing active forms of travel are aged under 35.

Figure 8.2: Main form of travel used by age (%)

Mode of travel	15-24	25-34	35-44	45-54	55+
Driving a car	20	62	71	75	64
Passenger in a car	23	4	3	3	2
Lorry/Van/Motorcycle	1	5	7	8	7
By foot	21	15	9	7	18
Cycle	5	5	4	3	1
Bus	27	9	5	2	6
Train/Luas	3	3	3	2	1

While the proportions of both men and women using active forms of travel are similar, the types of travel differ. Men are slightly more likely than women to cycle (5% and 2% respectively), with 15% of women walking compared with 13% of men.

Those living in Dublin are more likely to use active forms of travel than those living in other parts of the country (22% and 16% respectively). Those living in Dublin are more likely than those outside Dublin to cycle (8% and 2% respectively). The number of people that walk to work or their place of education is equal both in Dublin and outside Dublin (14%).

Figure 8.3: Main form of travel used by region (%)

Mode of travel	Dublin	Outside Dublin
Driving a car	44	63
Passenger in a car	5	9
Lorry/Van/Motorcycle	3	5
By foot	14	14
Cycle	8	2
Bus	20	6
Train/Luas	6	1

Occasional usage of travel modes

Overall, 54% of those in work or education occasionally use an alternative form of travel. Twenty-five percent occasionally travel by car (including motorbikes, trucks and vans), 16% occasionally travel in an active way (10% on foot, 6% cycle), and 17% occasionally travel by public transport.

Combining both regular and occasional usage finds that 81% either regularly or occasionally travel by car, 31% regularly or occasionally use an active form (23% on foot, 10% cycle) and 27% regularly or occasionally use public transport.

Looking at occasional usage of active forms of travel by the form of travel most regularly used, shows that 16% of those travelling by car, and 15% of those using public transport, occasionally travel on foot or cycle. Fifteen percent of those using one form of active travel also use a second one (i.e. both on foot and cycle).

Journey distance

Naturally, the distance of the journey is a significant factor in the choice of mode of travel used. This is clear from the results from this module which show that active forms of travel are a lot more popular among those travelling a shorter distance than those travelling further.

Seventy-three percent of those whose usual journey is less than one kilometre mainly use an active form of travel, with the majority (70%) travelling by foot. The proportion using an active form of travel declines as the length of the journey increases with 37% of those travelling between one and three kilometres using an active form of travel, and 19% of those travelling between three and five kilometres doing so in an active way.

**Figure 8.4: Main form of travel used by distance of journey (%)**

Mode of travel	Less than 1Km	1-3km	3-5km	5-10km	10km+
Driving a car	21	44	50	60	71
Passenger in a car	3	14	13	9	5
Lorry/Van/Motorcycle	2	1	2	2	7
By foot	70	28	12	5	-
Cycle	3	8	6	6	1
Bus	-	4	15	17	11
Train/Luas	-	1	1	2	4

Looking at car usage for shorter journeys shows that 21% of those travelling for less than one kilometre, and 44% of those travelling between one and three kilometres, do so mainly by driving a car.

Making changes to mode of travel used

Eight percent have identified that they have made a change over the past two years to the mode of travel used to travel between home and work/place of education.

Figure 8.5: Whether changed mode of travel in past two years (by age) (%)
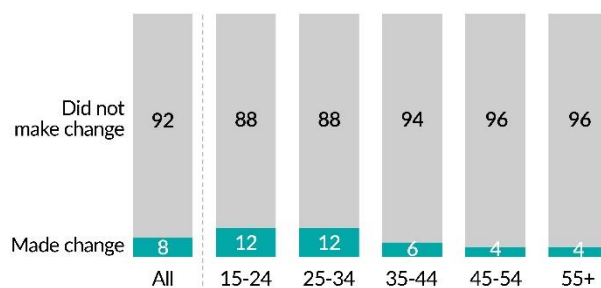
Extent of making changes is more common among younger individuals than those who are older – perhaps a reflection of transitioning between different education and job locations among younger people. Those aged 15 to 24 are most likely to have made a change, with 12% having done so in the past two years, compared to 5% of those aged between 35 and 54 doing so.

Similarly, those living in Dublin are more likely to have made a change in the past two years than those living elsewhere (12% and 6% respectively). It is likely that this difference reflects the wider range of travel options available to those living in Dublin.

Those who have made a change are more likely to use an active form of travel than overall incidence, with 28% either travelling on foot or cycling as their main mode of travel and 50% doing so at least occasionally. The same is the case with usage of public transport, with 23% using it as their main mode and 49% using it at least occasionally. In contrast, those changing their mode of travel are less likely to currently use a car than all travelling to work/school/college, with 49% using it as their main mode of travel and 70% doing so at least occasionally.

Figure 8.6: Whether changed mode of travel in past two years (by main mode of travel used) (% Yes)
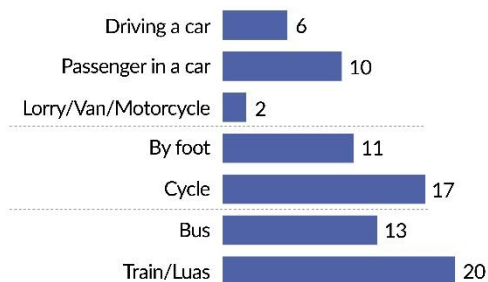

A change in location of work or home is the main motivating factor for changing form of travel used, with 32% citing the former as the main reason for making a change and 14% citing the latter. Changes for health and fitness reasons are the second most prominent factor overall with 21% giving this as a reason for making a change.
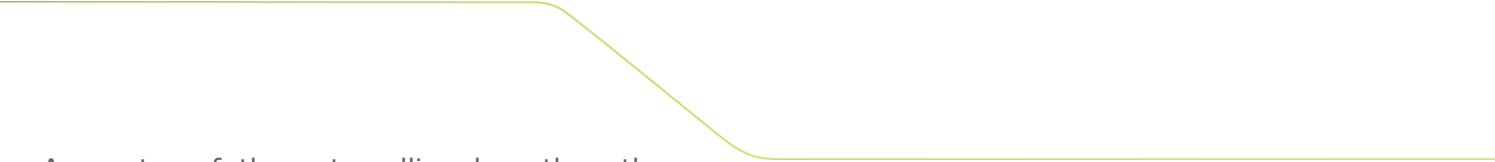
Figure 8.7: Reasons for changing mode of travel (%)
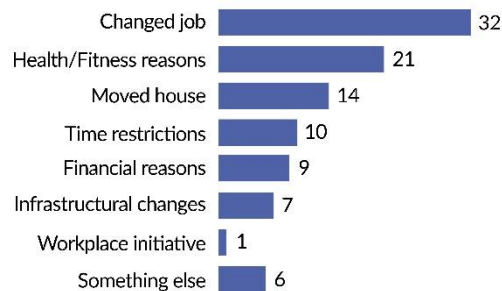
Summary

Active forms of travel are not suited to all journey types and a variety of factors including distance, convenience, and safety issues will limit the accessibility of active travel for many travelling to work or education. However, opportunity exists for many more to adopt active forms of travel or to incorporate them alongside other forms of travel.

The reliance on car travel, even for relatively short journeys, is the main challenge that needs to be overcome when encouraging wider adoption of active travel. Travelling by car is the default choice for many, with 6 out of every 10 people travelling to work, school or college using this as their main form of travel. For many, using the car is a necessity, although for others it may be feasible to switch to an active form of travel, or at least incorporate active travel alongside travelling by car.

A quarter of those travelling less than three kilometres do not occasionally use an active form of travel to complete this journey. Encouraging and facilitating this group to incorporate active forms of travel can have a significant impact, not only on the health of the individuals, but also in terms of traffic congestion and providing environmental benefits.

Encouraging continued usage of active travel throughout the lifecycle is a further consideration. While a quarter of those aged under 25 mainly use an active form of travel, this declines to 14% of those aged over 35. In parallel with this, usage of cars increases. Initiatives to encourage greater use of active travel will need to consider these trends, and facilitate individuals to retain active forms of travel as their situation and needs evolve.

One of the most significant challenges in encouraging more widespread adoption of active forms of travel is that relatively few make changes to their travel patterns, with only 8% having done so in the past two years. The key motivator for transitioning between forms of travel – a change in location of work or home – demonstrates that convenience factors are prominent in driving behavioural change. As such, encouraging greater usage of active forms of travel needs to ensure that these forms of travel are perceived as being convenient. This a product not just of attitudinal change, but also facilitated through infrastructural developments and workplace initiatives that have active travel at their core.

Introduction

The national policy framework for children and young people - *Better Outcomes, Brighter Futures* - sets the Government's key commitments to children and young people up to the age of 24.

The policy has a broad remit, covering various aspects of the lives of children and young people, including learning and development, economic prosperity, and protection from harm. The physical and mental health and wellbeing of children and young people is a priority outcome area. The policy articulates a number of aims for children and young people in relation to making positive health choices: good mental health, a positive and respectful approach to relationships and sexual health; and the enjoyment of play, recreation, sports, arts, culture and nature.

A number of studies have produced wide-ranging findings on health behaviours of children and young people, however the primary focus of many of these studies is on younger children (those in their teenage years and below).

One key advantage of a regular survey such as Healthy Ireland is that it offers a robust sample of specific cohorts within the population aged 15 and older. This section of the report explores the health behaviours of the 15 to 24 age cohort. Through combining data from the first three waves of the Healthy Ireland Survey, a very robust sample of 1,979 young people in Ireland within this age group is provided.

A key focus in this analysis is two of the health behaviours that were identified in the national policy framework as being a significant concern in relation to young people – binge drinking and smoking.

Perceptions of own health

A large majority of young people in Ireland indicate that they are in good health. Ninety-two percent of those aged 15 to 24 consider their health to be good or very good. Thirteen percent say they have a long-standing illness or health problem (that will last for six months or more), and 8% say they are limited to some extent in everyday activities because of health problems.

Figure 9.1: Perceptions of own health
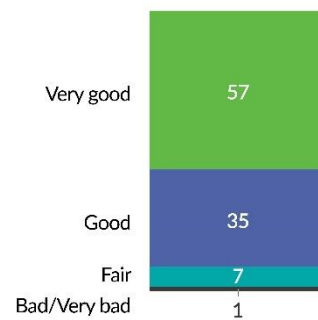
However, some differences exist across the population. Students, and those who are working, are more likely to have good or very good health than those who are unemployed (working: 93%, students: 94%, unemployed: 85%). Similarly, those who are unemployed are more likely to report that they are limited in everyday activities because of health problems than others (12% of those who are unemployed, compared with 8% of those working and students).

Whether these health problems are a cause of unemployment for many in this group is unclear, however the findings suggest a health differential between young people who are unemployed and those who are working or studying.

Smoking

Almost 1 in 5 (19%) of young people interviewed on the initial three waves of this survey are currently smokers. Fourteen percent smoke daily and 5% smoke occasionally. Smoking is more common among those aged 20 to 24 with 29% of this group smoking, compared with 12% of those younger than this. Furthermore, 22% of those aged 20 to 24 smoke on a daily basis.

These figures suggest significant policy challenges. Firstly, the health problems caused by smoking (both for smokers and those around them), and secondly, the recruitment of young smokers, which remains a key threat to achieving the objective of a Tobacco Free Ireland.

Some noticeable differences exist in smoking behaviour across different groups of young people. Those who are unemployed are more likely to smoke than students and those who are working. Almost half (45%) of young unemployed people smoke, compared with 31% of those who are working and 12% of students.

Regional differences also exist among young people, with those living in Connacht or Ulster more likely to smoke (26%) than those living in Dublin (18%) or other parts of Leinster (15%). This is particularly notable as a similar difference does not exist among those older than 25, who have broadly similar smoking behaviours across all regions.

Eleven percent of non-smokers in this age group indicate that they previously smoked. This means that the lifetime smoking rate among 15 to 24 year olds in Ireland is 28%.

Figure 9.2: Smoking Prevalence

Smoking prevalence	
Daily smoker	14
Occasional smoker	5
Ex-smoker	9
Never smoked	72

Smoking behaviour among young people is different from that of older individuals in a number of respects.

Firstly, younger smokers are more likely to smoke hand-rolled cigarettes than those who are older, with 46% of 15 to 24 year olds smoking in this way, compared with 26% of smokers generally. Similarly, they are less likely than smokers generally to smoke manufactured cigarettes (59% and 75% respectively). However, younger smokers also smoke fewer cigarettes each day (10.9 cigarettes daily among daily smokers) than those who are older (14.3 cigarettes daily among daily smokers).

Usage of e-cigarettes is also lower among young people than among those who are older. One percent of all young people aged 15 to 24 currently use e-cigarettes, and a further 14% have used them in the past. In comparison, 4% of those older than 25 currently use e-cigarettes and a further 11% have used them at some point in the past.

Just over half (54%) of young smokers have tried to quit in the past 12 months, with most (64%) of these trying to do so through will-power alone. Furthermore, most young current smokers want to quit, with 56% at least thinking about quitting. Of these, approximately half (equivalent to 27% of all young smokers) are actively planning or attempting to quit. These are broadly similar levels to older smokers, suggesting that desire to quit is no different between younger and older smokers.

Figure 9.3: Attitudes to quitting

Attitude	Value
Trying to quit	8
Actively planning to quit	18
Thinking about quitting but not planning to	29
Not thinking about quitting	43
Don't know	2
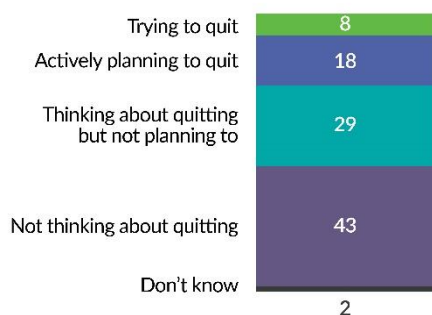
Binge drinking

Just over half (53%) of all young drinkers in Ireland binge drink on a typical drinking occasion. This accounts for 36% of all young people in Ireland. In contrast, 38% of older drinkers binge drink on a typical drinking occasion, accounting for 30% of all those aged over 25.

Young men who drink are much more likely than young women to binge drink on a typical drinking occasion. Over two-thirds (70%) of young male drinkers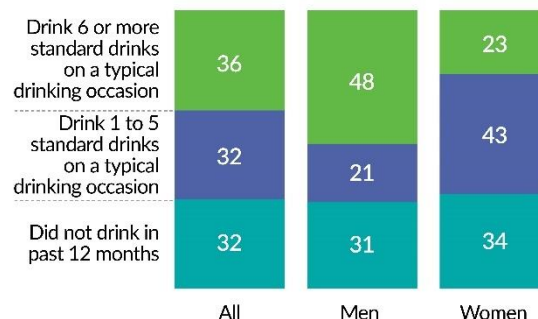 binge drink on a typical drinking occasion, compared with 35% of young women who drink. Young men are also more likely to drink alcohol than young women, and almost half (48%) of all young men in Ireland binge drink on a typical drinking occasion, compared with 23% of all young women.

Comparing drinking levels of young men and young women in Ireland to those older than 25 reveals a key pattern in terms of drinking behaviours. While drinking behaviour of young men is broadly similar to men older than 25, of whom 56% of drinkers and 46% overall binge drink on a typical drinking occasion, young females are roughly twice as likely as older females to binge drink on a typical drinking occasion. Nineteen percent of female drinkers aged over 25, and 14% of all females aged over 25, binge drink on a typical drinking occasion.

Figure 9.4: Drinking behaviour

	All	Men	Women
Drink 6 or more standard drinks on a typical drinking occasion	36	48	23
Drink 1 to 5 standard drinks on a typical drinking occasion	32	21	43
Did not drink in past 12 months	32	31	34

Such high levels of binge drinking among the younger population pose a significant threat to health – both current and long-term. Changing drinking behaviours among this group is particularly key in encouraging a more positive relationship with alcohol among people in Ireland in the future.

Obesity

Almost a third (30%) of young people in Ireland are overweight or obese, compared with 68% of those aged 25 or older. The extent of overweight is higher among young men (32%) than young women (27%), and with 6% of young men and 9% of young women categorised as obese this is clearly a significant issue for both current and future health.

Figure 9.5: BMI

BMI category	Value
Obese	8
Overweight	22
Normal weight	64
Underweight	6
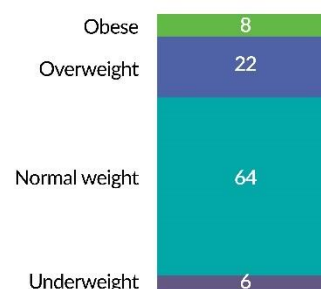
Young women are over twice as likely to indicate that they are trying to lose weight as young men (35% and 14% respectively). A similar difference exists amongst those who are overweight or obese, with 66% of young women, and 34% of young men trying to lose weight. As such, the majority (52%) of young people that are overweight or obese are not trying to lose weight.

Among young people trying to lose weight, the most common action is to take more exercise (66%), with 52% indicating that they are trying to lose weight by eating fewer calories. Just under half (48%) are trying to lose weight by eating/drinking fewer sugar-sweetened foods/drinks.

Summary

While the vast majority of young people in Ireland indicate that they are currently in good health, the health behaviours of many suggest that unless they change their behaviours in the future, their long-term health could be jeopardised.

The high proportion of young people who drink at high risk levels is a significant concern, and a particular focus is needed to change the nature of the relationship that young people in Ireland have with alcohol. The drinking behaviour of young women – and the fact that it replicates that of young men more closely than that among older groups of the population – warrants particular attention, given the increased health risks of drinking at this level. It is necessary to deepen the understanding and continue to tackle these behaviours before they become normalised lifetime habits.

Recruitment of young smokers is a further concern. One in five young people smoke, and among those aged 20 to 24 the same proportion smoke on a daily basis. This is broadly in line with smoking rates in the population as a whole, and highlights the particular challenge of not just encouraging smokers to quit smoking, but also preventing young people from smoking in the first place. The social gradient in respect of smoking is a further concerning factor. Almost half of all young people who are unemployed are smokers. Understanding the supports and interventions needed by this group requires particular focus.

While the prevalence of smoking among young people is concerning in itself, of note is the proportion of young people who consume hand-rolled cigarettes, which are substantially cheaper than manufactured cigarettes.

Section 2

Introduction

HIV and STI rates in Ireland are a serious public health concern. Under the National Sexual Health Strategy, the development of national guidance for HIV and STI testing is a priority, as well as reducing stigma so that more people at risk avail of testing.

Note: Questions used to inform this module were asked in the context of sexual health. On this basis, all results below exclude those who have never had sexual intercourse

Sexual partner

- 92% most recently had intercourse with a member of the opposite gender

- 4% of men most recently had intercourse with another man, and 5% of women most recently had intercourse with another woman

- 10% of all who have had sexual intercourse have done so with more than one person in the past 12 months

- Prevalence of multiple partners is higher among those aged 17 to 24, 38% of whom have had intercourse with multiple individuals in the past 12 months. It is higher for men in this age group than women (45% and 31% respectively)

- The proportion declines to 16% of people aged 25 to 34, 6% of those aged 35 to 54, and 2% of those older than this

- Men who have sex with other men are more likely to have had multiple sexual partners in the past 12 months (19%). This compares with 13% of men who have sex with women

- In comparison, 13% of women who have sex with other women, and 6% of women who have sex with men, have had multiple sexual partners in the past 12 months

HIV/STI/STD testing over lifetime

- 21% have had a HIV test and 22% have had a STI/STD test during their lifetime

- Women aged 25 to 34 are most likely to have had a test, with 44% having had a STI/STD test during their lifetime, and 39% having had a HIV test during their lifetime

- 23% of men who have sex with other men, and 17% of men who have sex with women, have had a STI/STD test during their lifetime. The comparable figures for HIV testing are 28% and 15% respectively

- 85% of those who have had a STI/STD test during their lifetime, and 84% of those who have had a HIV test during their lifetime are aware of the test results

HIV/STI/STD testing over past year

- During the past 12 months, 5% have had a HIV test and the same proportion have had a STI/STD test

- 12% of men who have sex with men had a HIV test in the past 12 months, and 13% have had a STI/STD test in this period

- Those aged under 35 are most likely to have had a test during the past 12 months. 11% of this group have had a STI/STD test, and 10% have had a HIV test

- Among those who have had multiple sexual partners in the past 12 months, 16% have had a STI/STD test, and 13% have had a HIV test during this time

SEXUAL HEALTH

SEXUAL PARTNERS

GENDER OF MOST RECENT SEXUAL PARTNER AMONG
MEN
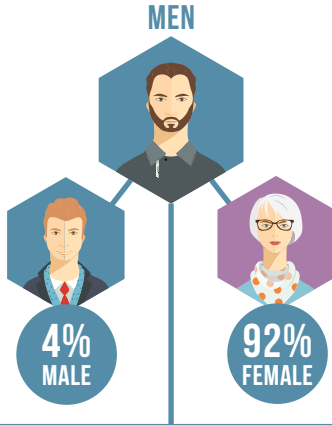
4% MALE

92% FEMALE

% OF MEN WITH MULTIPLE SEXUAL PARTNERS IN THE PAST 12 MONTHS

19% among men who have sex with men

13% among men who have sex with women

GENDER OF MOST RECENT SEXUAL PARTNER AMONG
WOMEN

92% MALE

5% FEMALE

% OF WOMEN WITH MULTIPLE SEXUAL PARTNERS IN THE PAST 12 MONTHS

6% among women who have sex with men

13% among women who have sex with women

TOTAL BY AGE GROUP

	17-24 year olds	25-34 year olds	35+ year olds
% who have had sexual intercourse	77%	98%	98%
% who have had multiple sexual partners in the past 12 months	38%	16%	4%
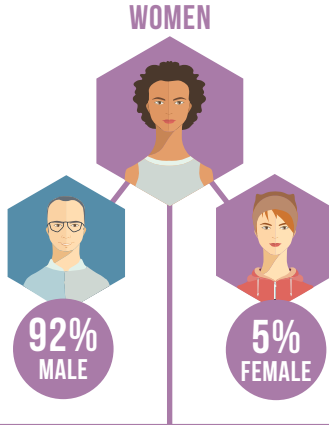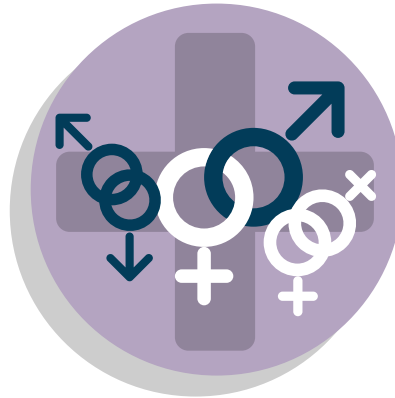
SEXUAL HEALTH TESTING

% OF MEN WHO HAVE TESTED FOR HIV IN THE PAST 12 MONTHS

12% among men who have sex with men

HIV TESTING

3% among men who have sex with women

% OF WOMEN WHO HAVE TESTED FOR HIV IN THE PAST 12 MONTHS

5% among women who have sex with men

HIV TESTING

4% among women who have sex with women

% OF MEN WHO HAVE TESTED FOR STI/STD IN THE PAST 12 MONTHS

13% among men who have sex with men

STI/STD TESTING

3% among men who have sex with women

% OF WOMEN WHO HAVE TESTED FOR STI/STD IN THE PAST 12 MONTHS

5% among women who have sex with men

STI/STD TESTING

3% among women who have sex with women

TOTAL BY AGE GROUP

	17-24 year olds	25-34 year olds	35+ year olds
% who have tested for HIV in the past 12 months	11%	9%	2%
% who have tested for STI/STD in the past 12 months	13%	10%	1%
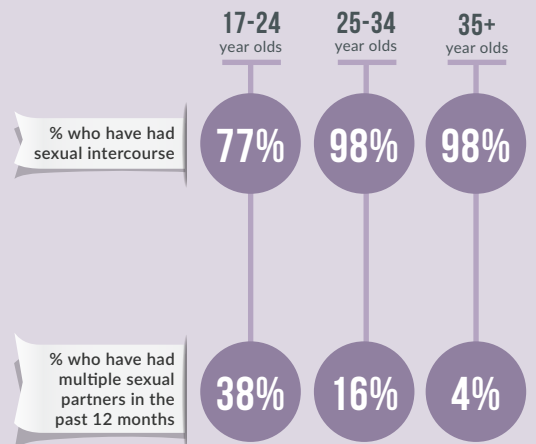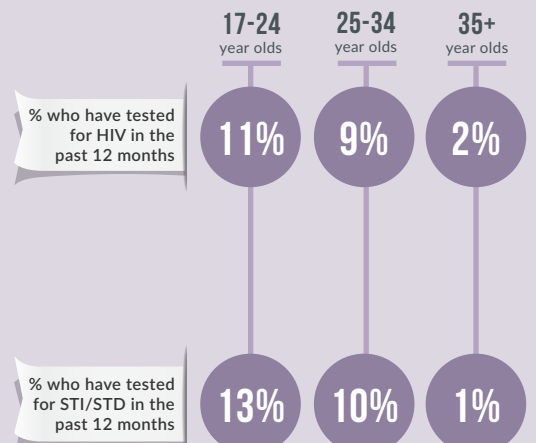
Self-reported health

- Survey respondents were asked to rate their health on a five-point scale from very good to very bad

- 84% perceive their health to be very good or good. 3% perceive it to be very bad or bad

- Self-reported good health declines with age. 93% of those aged 15 to 24 perceive their health to be very good or good. In contrast, 61% of those aged 75 and older perceive their health to be as such. 8% of those aged 75 and older perceive their health to be very bad or bad

- Those living in more deprived areas are less likely to perceive their health to be good. 76% of those living in the most deprived areas consider their health to be very good or good, and 6% consider it to be very bad or bad. In contrast, 90% of those living in the most affluent areas consider their health to be very good or good, and 1% consider it to be very bad or bad

- Non-smokers are more likely than smokers to consider their health to be good or very good (86% and 79% respectively)

- Those who have a normal weight are more likely than those who are overweight or obese to consider their health to be good or very good (90%, 86% and 77% respectively)

Prevalence of certain health conditions

- Respondents were asked whether they have a long-standing illness or health condition that has lasted or will last for 6 months or more. 30% reported that they currently had a condition

- Long-standing illnesses and health conditions are more prevalent among those who are older. 61% of those aged 75 and older report having a long-standing

illness, compared with 15% of those aged 15 to 24

- Similarly, those living in more deprived areas are more likely to report having a long-term illness, with 36% of those living in the most deprived areas reporting this, compared with 26% of those living in the most affluent areas

- Respondents were also asked about 25 specific health conditions. The conditions most commonly reported are high blood pressure (13%), arthritis (10%) and high cholesterol (9%)

- Those living in more deprived areas are more likely to report having at least one of the specific health conditions that the survey asks about. For a number of health conditions, those living in the most deprived areas are at least twice as likely as those living in the most affluent areas to report having the condition. This includes arthritis (13% and 6% respectively); emotional, nervous and psychiatric problems (10% and 3% respectively); and diabetes (7% and 1% respectively)

Limitations in everyday activities

- Respondents were asked to what extent they have been limited in everyday activities because of health problems, i.e. an on-going physical or mental health problem, illness or disability

- 21% indicate that they are limited in their everyday activities due to health problems

- The majority (55%) of those aged 75 and older are limited to some extent, compared to 31% of those aged 55 to 64

- Those living in more deprived areas are more likely to be limited in everyday activities due to health problems. 29% of those living in the most deprived areas report being limited, compared to 13% of those living in the most affluent areas

GENERAL HEALTH

PROPORTION RATING HEALTH AS GOOD/VERY GOOD

TOTAL

84%

BY AGE

93%	91%	91%	86%	76%	69%	61%
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

PREVALENCE OF CERTAIN HEALTH CONDITIONS IN PAST 12 MONTHS

HIGH BLOOD PRESSURE	ARTHRITIS	HIGH CHOLESTEROL	ASTHMA	EMOTIONAL/NERVOUS/ PSYCHIATRIC PROBLEMS	DIABETES/HIGH BLOOD SUGAR	OSTEOPOROSIS
13%	10%	9%	8%	6%	4%	3%

TOTAL

30% HAVE A LONG-STANDING ILLNESS OR HEALTH PROBLEM

PROPORTION LIMITED IN EVERYDAY ACTIVITIES BECAUSE OF HEALTH PROBLEMS

TOTAL

21%   63% AMONG THOSE WITH A LONG-STANDING ILLNESS OR HEALTH PROBLEM   4% AMONG THOSE WITH NO LONG-STANDING ILLNESS OR HEALTH PROBLEM

12 Health Service Utilisation

In-patient hospital admissions

- 11% have been admitted to hospital in the past 12 months

- Women are more likely to have been admitted to hospital than men (12% and 11% respectively)

- Among those aged under 45, women are more likely to be admitted to hospital than men (12% and 7% respectively). Among those aged 55 and older, men are more likely to be admitted than women (18% and 15% respectively)

- 10% have been admitted to a public hospital, and 3% admitted to a private hospital

- The average number of nights spent in hospital each year per person aged 15 and older is 0.8, rising to 3 nights among those aged 75 and older

Day patient admissions

- 17% have been admitted to a hospital in the past 12 months as a day patient

- 12% of those aged 15-24 have been admitted as a day patient, rising across all age groups to 29% of those aged 75 or older

- 13% have been admitted to a public hospital and 5% have been admitted to a private hospital

- The average number of day patient admissions each year per person aged 15 and older is 0.4

Visits to Emergency Departments

- 15% have visited an Emergency Department in the past 12 months, and a total of 70% have visited an Emergency Department at some stage in their life

- The proportion visiting an Emergency Department in the past 12 months increases from 17% of those aged 15 to 24, to 22% of those aged 75 or older

- Lifetime visits are higher among men (75%) than women (66%), and higher among those aged 75 or older (76%) than those aged 15 to 24 (68%)

- The average number of visits to an Emergency Department each year per person aged 15 and older is 0.4

Dentist visits

- 47% have visited a dentist in the past 12 months

- Those aged 15 to 24 are more likely to have visited a dentist in the past 12 months (55%), and those aged 75 or older are least likely (23%)

- Women are more likely than men to have visited a dentist in the past 12 months (52% and 42% respectively)

- Those aged 15 and older make an average of 1.3 visits to the dentist each year. Those aged 15 to 24 have the highest average number of visits (1.6 visits) and those aged 75 and older have the lowest average (0.8 visits)

- Those with a full medical card are less likely than others to have visited a dentist in the past 12 months (38% and 52% respectively, and similarly have a lower average number of visits (1.1 visits and 1.5 visits respectively)

HEALTH SERVICE UTILISATION

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

	TOTAL	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
DENTIST VISITS	47%	55%	52%	52%	48%	45%	35%	23%
EMERGENCY DEPT. VISITS	15%	17%	14%	12%	12%	15%	16%	22%
IN-PATIENT HOSPITAL ADMISSIONS	11%	7%	11%	9%	10%	13%	15%	26%
PUBLIC HOSPITAL ADMISSIONS	10%	6%	10%	8%	7%	11%	12%	22%
PRIVATE HOSPITAL ADMISSIONS	3%	1%	1%	1%	3%	4%	5%	7%
DAY PATIENT HOSPITAL ADMISSIONS	17%	12%	13%	13%	18%	21%	22%	29%
PUBLIC HOSPITAL ADMISSIONS	13%	10%	11%	10%	12%	15%	16%	22%
PRIVATE HOSPITAL ADMISSIONS	5%	2%	3%	4%	7%	8%	8%	9%

13 Antibiotics

Prescription of antibiotics in the past 12 months

- 39% were prescribed an antibiotic in the past 12 months

- Prescription is more prevalent among women (44%) than men (33%)

- 48% of those aged 75 and older were prescribed an antibiotic. Those aged 35-44 and 45-54 were least likely to be prescribed one (33%)

- Women in all age groups are more likely to be prescribed an antibiotic than men. The gap is widest among those aged 75 and older (women: 56%, men: 40%)

- 41% of current smokers were prescribed an antibiotic, compared with 38% of non-smokers

- 47% of those with a full medical card and 38% of those with a GP visit card were prescribed an antibiotic. In contrast, 33% with neither of these cards were prescribed one

Consumption of antibiotics in the past 12 months

- 99% of those who were prescribed an antibiotic in the past 12 months have consumed one in this time period

- 1% of those who were not prescribed an antibiotic in the past 12 months have consumed one

- Consumption levels for those who were prescribed an antibiotic is at least 96% for all gender and age groups

Understanding of antibiotics

- To establish the understanding of antibiotics, survey respondents were presented with a number of accurate and inaccurate statements, and asked whether they agree or disagree with each one

- 68% correctly agree that antibiotics can kill bacteria, and 51% correctly disagree that antibiotics can kill viruses

- Accurate understanding is lowest among those aged 75 and older. 64% correctly agree with the initial statement, and only 39% correctly disagree with the subsequent one

- 67% correctly disagree that antibiotics can work on most coughs and colds, however this declines to 61% of those aged 65 to 74 and 55% of those aged 75 and older

- 90% are aware that if taken too frequently, antibiotics may not work in the future

- 71% are aware that resistance to antibiotics is a problem in hospitals

- 95% correctly agree that a course of antibiotics should always be completed, and 85% correctly disagree that once you start to feel better you should stop taking the antibiotic

Receiving advice on antibiotics

- 92% indicate that they are happy to trust their GP's advice in relation to antibiotics, but fewer (76%) trust their pharmacist's advice

ANTIBIOTICS

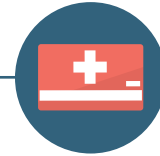## WHETHER PRESCRIBED ANTIBIOTICS IN THE PAST 12 MONTHS

39% TOTAL

33% MEN

44% WOMEN

MEDICAL CARD/ GP VISIT CARD HOLDER — **46%**

ALL OTHERS — **33%**

WHETHER CONSUMED ANTIBIOTICS IN THE PAST 12 MONTHS

39% HAVE CONSUMED AN ANTIBIOTIC IN THE PAST 12 MONTHS

1% HAVE CONSUMED AN ANTIBIOTIC IN THE PAST 12 MONTHS BUT WERE NOT PRESCRIBED ONE DURING THE TIME

UNDERSTANDING OF ANTIBIOTICS
% indicates the proportion of adults with a correct understanding

All adults 15+   Those who have taken antibiotics in the past 12 months

✔ % Agree with the statement

	All adults 15+	Taken antibiotics
A course of antibiotics should always be completed	95%	97%
If taken too often or when you don't need them, antibiotics might not work in the future	90%	91%
I am happy to trust my GP's advice as to whether I need antibiotics or not	92%	94%

✔ % Agree with the statement

	All adults 15+	Taken antibiotics
I am happy to trust my pharmacist's advice as to whether I need antibiotics or not	76%	78%
Resistance to antibiotics is a problem in hospitals	71%	70%
Antibiotics can kill bacteria	68%	74%

✘ % Disagree with the statement

	All adults 15+	Taken antibiotics
Once you start to feel better, you should stop taking the antibiotic	85%	87%
When I get a cold, I will take antibiotics to help me get better more quickly	83%	78%

✘ % Disagree with the statement

	All adults 15+	Taken antibiotics
Antibiotics work on most coughs and colds	67%	66%
Antibiotics can kill viruses	51%	54%

14 Breastfeeding

Incidence of breastfeeding

- 49% of those with children indicate that at least one of their children was breastfed

- Those aged 35 to 44 with children are most likely to have breastfed (59%), and those aged 75 and older are least likely (36%)

- 52% of those aged under 35 with children indicate that their child was breastfed

- Breastfeeding rates differ according to the level of education achieved. 74% of those with a university degree have a child that was breastfed, compared with 34% of those who left school before completing their Leaving Certificate

- Those living in Dublin are more likely than those living outside Dublin to have a child that was breastfed (55% and 47% respectively)

Encouraging women to breastfeed

- 76% believe that women should be encouraged to breastfeed

- Women are more likely to agree with this statement than men (81% and 70% respectively), with men more likely to indicate that they don't know (24% and 7% respectively)

- There are lower levels of agreement among those aged 15 to 24 (65%), although this is due to a higher proportion in this age group indicating that they don't know (26%)

- 80% believe that a mother needs a lot of support to breastfeed her baby

- Men and those aged 15 to 24 are less likely to hold this view due to higher proportions indicating that they don't know

Nutritional benefits of breastfeeding

- 79% agree that breast milk meets a baby's nutritional needs for the first six months. 65% correctly agree that babies can continue to be breastfed after the introduction of solid food

- 52% correctly disagree that infant formula is as good as breast milk

- Those whose child was breastfed are much more likely to hold this view than those whose child was fed in another way (72% and 40% respectively)

- 26% correctly agree that feeding a baby formula instead of breast milk increases the chances the baby will get sick. 19% correctly agree that if a child is not breastfed she/he will be more likely to become overweight

- In both cases those whose child was breastfed are more likely to agree with each statement (40% and 31% respectively, compared with 18% and 13% respectively among those whose child was not breastfed)

Attitudes to breastfeeding

- 85% agree that women have the right to breastfeed in public places, and 81% feel comfortable when mothers breastfeed their babies nearby in a public place

- Older and younger men are the least likely to feel comfortable when mothers breastfeed their babies nearby. 52% of men aged 75 and older, and 60% of men aged 15 to 24 indicate that they feel comfortable in this situation
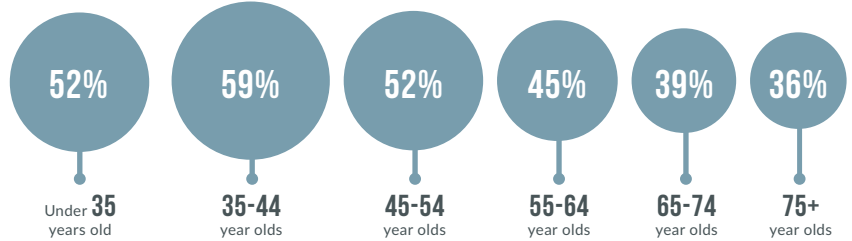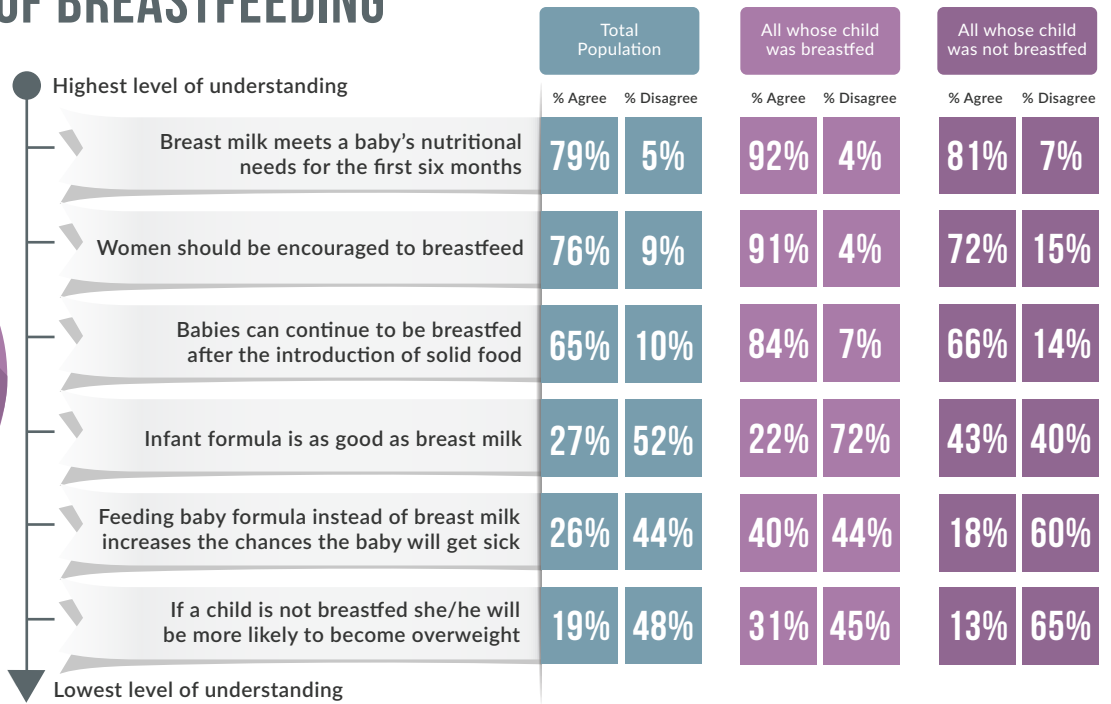
BREASTFEEDING

PREVALENCE OF BREASTFEEDING

49%

PROPORTION WITH A CHILD THAT WAS BREASTFED
(EXCLUDES THOSE WITH NO CHILDREN)

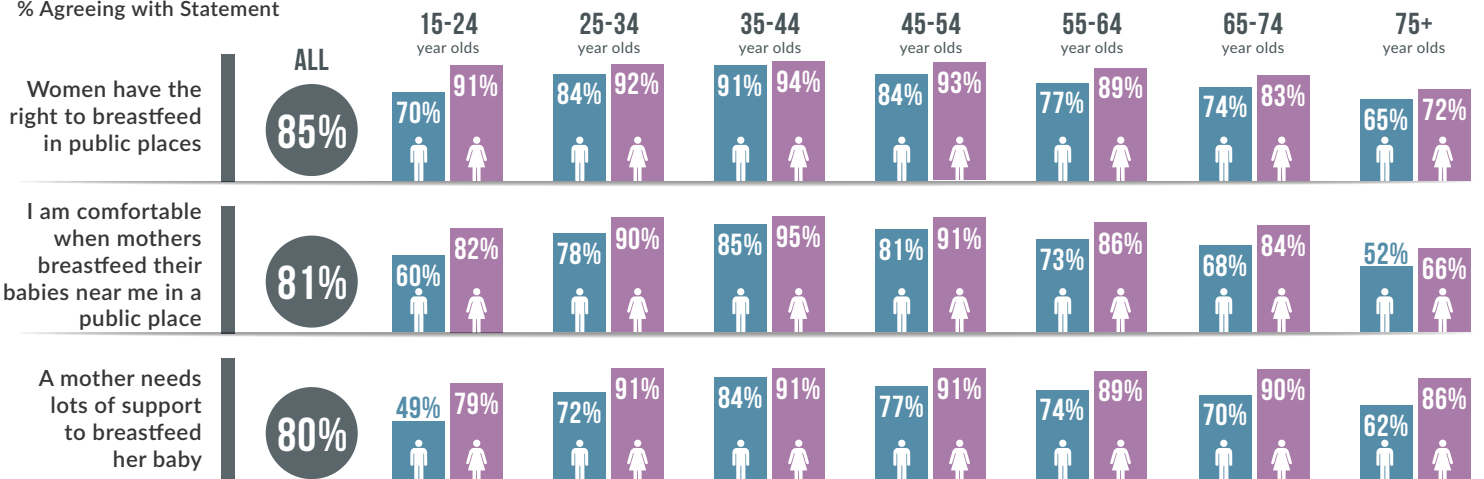Prevalence by age (among those with children)

Under 35 years old	35-44 year olds	45-54 year olds	55-64 year olds	65-74 year olds	75+ year olds
52%	59%	52%	45%	39%	36%

UNDERSTANDING OF BREASTFEEDING

Highest level of understanding

	Total Population		All whose child was breastfed		All whose child was not breastfed	
	% Agree	% Disagree	% Agree	% Disagree	% Agree	% Disagree
Breast milk meets a baby's nutritional needs for the first six months	79%	5%	92%	4%	81%	7%
Women should be encouraged to breastfeed	76%	9%	91%	4%	72%	15%
Babies can continue to be breastfed after the introduction of solid food	65%	10%	84%	7%	66%	14%
Infant formula is as good as breast milk	27%	52%	22%	72%	43%	40%
Feeding baby formula instead of breast milk increases the chances the baby will get sick	26%	44%	40%	44%	18%	60%
If a child is not breastfed she/he will be more likely to become overweight	19%	48%	31%	45%	13%	65%

Lowest level of understanding

ATTITUDES TO BREASTFEEDING

% Agreeing with Statement

	ALL	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	
Women have the right to breastfeed in public places	85%	70%	91%	84%	92%	91%	94%	84%	93%	77%	89%	74%	83%	65%	72%
I am comfortable when mothers breastfeed their babies near me in a public place	81%	60%	82%	78%	90%	85%	95%	81%	91%	73%	86%	68%	84%	52%	66%
A mother needs lots of support to breastfeed her baby	80%	49%	79%	72%	91%	84%	91%	77%	91%	74%	89%	70%	90%	62%	86%

Notes

Notes

Ipsos MRBI