INFORMATION ANALYSIS DIRECTORATE

Health Survey Northern Ireland First Results 2014/15

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Health Survey Northern Ireland: First Results 2014/15

Revision Note
Figures relating to breastfeeding by deprivation quintile (page 13) and text on pages 9 (mental health) and 12 (obesity) were updated due to revisions in the previously published information.

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Authors: Dr Carey Bell & Mary Scarlett

Public Health Information & Research Branch, Information Analysis Directorate

Department of Health, Social Services and Public Safety
Castle Buildings, Belfast BT4 3SQ
☎Tel: 02890 522 340
☎Ext: 22340

✉ Email: phirb@dhsspsni.gov.uk
http://www.dhsspsni.gov.uk/index/statistics/lcb.htm

Statistics and research for the **Department of Health, Social Services and Public Safety** is provided by Information Analysis Directorate (IAD). It comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support the public health survey function and to provide support on public health issues within the Department. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, and the Adult Drinking Patterns Survey.

PHIRB provides support to a range of key DHSSPS strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Alcohol and Drug New Strategic Direction 2011-2016, by maintaining and developing key departmental databases such as, the Drug Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels.

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Key Findings

MENTAL HEALTH & WELLBEING

One in five respondents (19%) showed signs of a possible psychiatric disorder

Female respondents (20%) were more likely to score highly than males (16%)

FIVE-A-DAY

More than a third of respondents (36%) indicated that they ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2013/14

ADULT OBESITY

Overweight & Obese 60%

- Obese 25%
- Overweight 35%

There has been no change in the proportion of obese and overweight adults from 59% in 2005/06 to 60% in 2014/15

Males (66%) were more likely than females (56%) to be overweight or obese

CHILDHOOD OBESITY

Overweight & Obese 28%

- Obese 7%
- Overweight 21%

SMOKING

ALL

MALES

FEMALES

Over the last decade smoking prevalence has fallen from 26% in 2004/05 to 22% in 2014/15

The proportion of male smokers has fallen from 27% in 2004/05 to 23% in 2014/15

The proportion of female smokers has fallen from 25% in 2004/05 to 21% in 2014/15

ELECTRONIC CIGARETTES

A small proportion of respondents (5%) currently use electronic cigarettes, and 3% had previously used them on a regular basis

MEDICINES

Two-thirds of respondents (66%) correctly identified that antibiotics are used to treat bacterial infections

A small proportion (8%) incorrectly thought that cold and flus should be treated with antibiotics

ORAL HEALTH

Four-fifths of respondents (79%) reported brushing at least twice a day

Over half of respondents (56%) did not know the symptoms of oral cancer

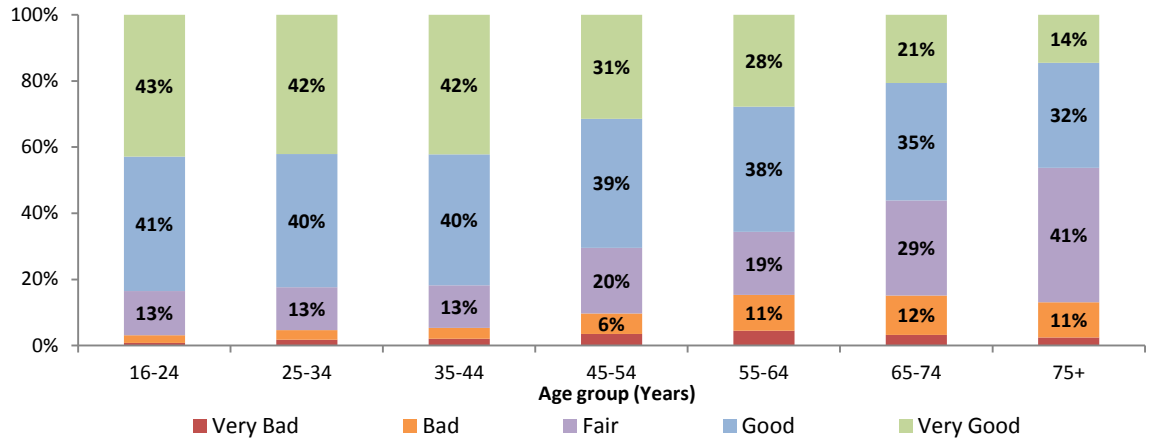
Introduction

This report presents results from the 2014/15 Health Survey Northern Ireland. It includes information on general health, mental health and wellbeing, diet and nutrition, breastfeeding, oral health, medicines, obesity, smoking, and sexual health. Only differences that are statistically significant at the 95% confidence level are reported. The fieldwork for this survey was conducted between April 2014 and March 2015. Results are based on responses from 4,144 individuals, with a response rate of 64% achieved.

General Health

Overall, 72% of adults in Northern Ireland described their health as 'good' or 'very good', this is in keeping with the rate recorded in the previous four years of the health survey. A decline in the general health rating was observed with increasing age, with respondents in the 75 years and over age group more than four times as likely to report 'bad' or 'very bad' health (13%), compared with those in the 16-24 years age group (3%). This trend was noted in both males and females, with females showing a slight tendency towards reporting their health more positively.

General Health by age group:



Almost nine in every ten adults (88%) indicated they were 'very satisfied' or 'satisfied' with life in general. Around a third of respondents (31%) in the most deprived areas were 'very satisfied' with life, compared with almost half (47%) in the least deprived areas.

The majority of respondents (90%) felt they had a quite a lot or a great deal of influence on their health, and 87% felt they lived very or fairly healthy lives.

Overall, three-quarters of adults (75%) felt there was something they could do to make their life healthier;

55% by being more **physically active**

53% by **eating** more **healthy**

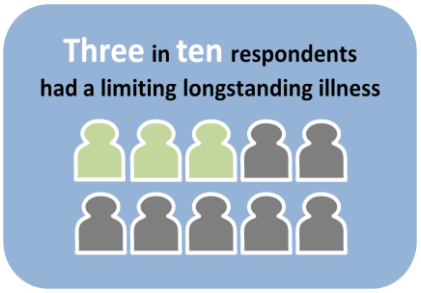
35% by **controlling** their **weight**

30% by **reducing stress** in their lives

A small proportion of respondents (5%) felt it was too difficult to do anything to make their life healthier, with the majority reporting that this was due to a physical condition or disability/health problem.

Longstanding Illness & Limiting Longstanding Illness

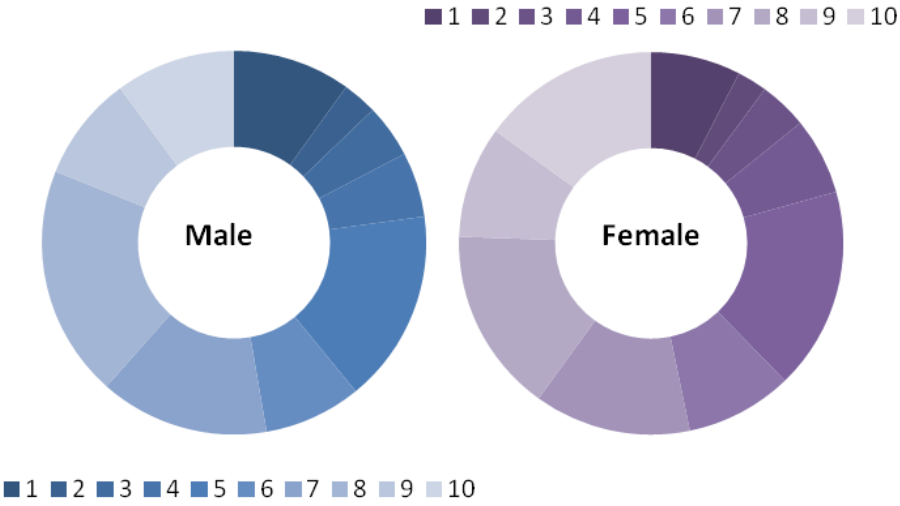
Around two-fifths of adults reported having a longstanding illness, with no difference noted between males (38%) and females (41%). Long standing illness tended to increase with age, from less than a fifth (18%) in the 16-24 year age group, to over two-thirds (69%) in the 75 years and over age group. Respondents in the most deprived areas were more likely to report a longstanding illness (49%) than in any of the other quintiles which ranged from 37-38%.



Around three in ten respondents (29%) reported having a limiting long standing illness. Of those who reported having a longstanding illness, 72% said it limited their activities to some extent. Respondents in the most deprived areas (79%) were more likely to be limited by their longstanding illness than in the least deprived areas (61%).

The vast majority of respondents (91%) who reported having a limiting longstanding illness indicated that their day to day activities had been affected for twelve months or more.

Respondents with a limiting longstanding illness were asked to place themselves on a scale from one to ten, with 1 being 'I am still learning about my condition and how to manage it' and 10 'I proactively manage all aspects of my condition'. The charts below display the proportions at each level of the scale for males and females. Around three-fifths of both males (61%) and females (62%) gave a rating of six or higher.



Around half (55%) of respondents feel they receive enough support from health and social care services to help manage their limiting long-term conditions. Three-quarters of respondents (76%) with a limiting long term condition report that the support or treatment received from health and social care services has improved their quality of life, while four-fifths (80%) are 'fairly' or 'very' confident that they can manage their own health.

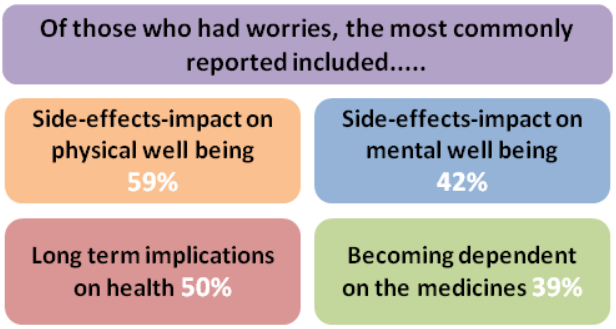
Child General Health

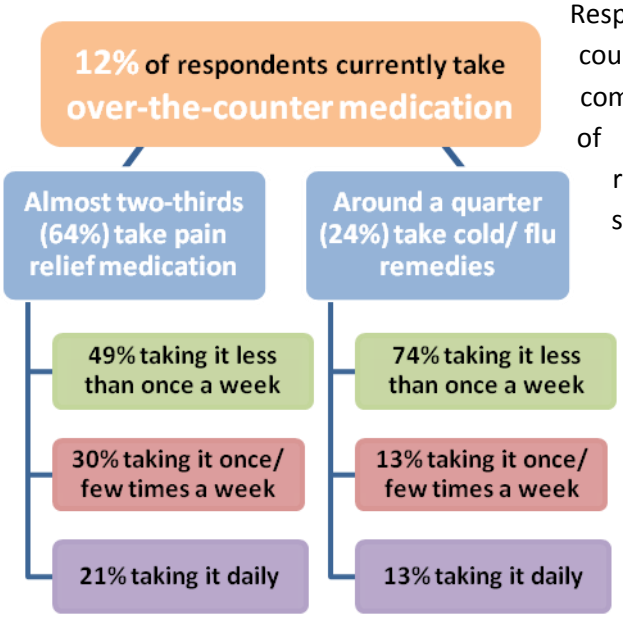
Parents were asked about the health of their children, with the majority of children (86%) being described as having 'good' health in the last twelve months. Less than one-fifth of children (16%) were described as having a longstanding illness. Of those who had a longstanding illness just under half had an illness that reduced their ability to carry out day-to-day activities.

Medicines

More than half of respondents (53%) were taking medications prescribed by a healthcare professional, with females more likely to be doing so (57%) than males (48%). The rate of those taking prescribed medication increased with age from a quarter of those aged 16-24 years, to 91% of respondents aged 75 years and over. Around nine in ten of these respondents that had been taking medication had done so for a year or more (87%).

Around three-fifths of those taking medication had discussed their use with a healthcare professional in the past 12 months, with two-thirds of those respondents (66%) reporting an opportunity to discuss any worries they had about their medicine, during this talk. Respondents in the younger age groups (16-24 years) were more likely to have worries about their medicine (22%) than their older counterparts (6% of the 75 years and over age group).





Respondents were asked if they currently take over-the-counter medication with 12% indicating that they do, most commonly pain relief and cold/flu remedies. Other types of over-the-counter medication currently used by respondents included those to help them relax (3%), sleep (2%) or improve their mood (2%).

Two-thirds of respondents (65%) that took over-the-counter medicines did so 'for a minor ailment, not worth going to the doctor about', while a quarter (24%) took them because 'its quicker than making an appointment to see or speak to a doctor', and 16% because they felt they needed additional medicines to those they are already prescribed.

Less than a tenth of respondents (7%) had returned unused medications belonging to them to their local pharmacy in the past 12 months. The most commonly reported reasons for returning unused medication was as a result of the respondents medication being changed to something else (54%), followed by the medication being out-of-date (23%).

When asked about antibiotics, 8% of respondents incorrectly thought that they should be used to treat colds and flus and that once they started to feel better they should stop taking them.

39% of respondents had taken **antibiotics** in the past 12 months

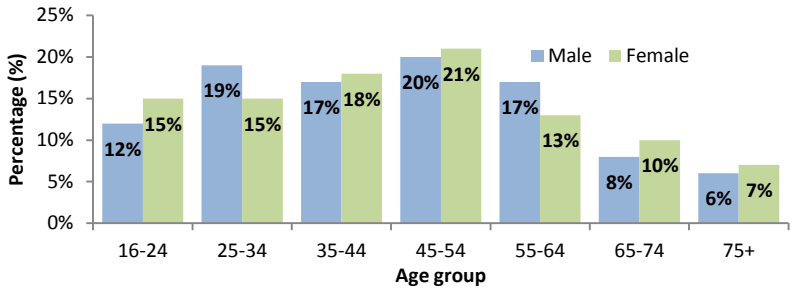
Proportion of respondents who correctly identified statements relating to antibiotics as true;	
Antibiotics are used to treat bacterial infections	66%
You increase your chances of developing drug-resistant bacteria if you take antibiotics when you don't need to	55%
You increase your chances of developing drug-resistant bacteria if you do not finish the course of antibiotics	42%
Diseases such as tuberculosis, pneumonia and meningitis are becoming more difficult to treat, as drug-resistant bacteria do not respond to antibiotics and continue to cause infection	50%

Mental Health and Wellbeing

General Health Questionnaire (GHQ12)

The GHQ12 is designed to detect the possibility of psychiatric morbidity in the general population. Around one-fifth (19%) of respondents showed signs of a possible mental health problem (GHQ score ≥4), the same proportion as that recorded in the previous year (2013/14) and consistent with previous rates back to 2005/06. Female respondents (20%) were more likely to show signs of a possible mental health problem than males (16%). Respondents in the most deprived areas (30%) were twice as likely to record a high GHQ12 score as those in the least deprived areas (15%).

The chart below shows the sex and age distribution of those respondents scoring highly on the GHQ12.



Respondents with a GHQ12 score≥4 by Sex and Age group:

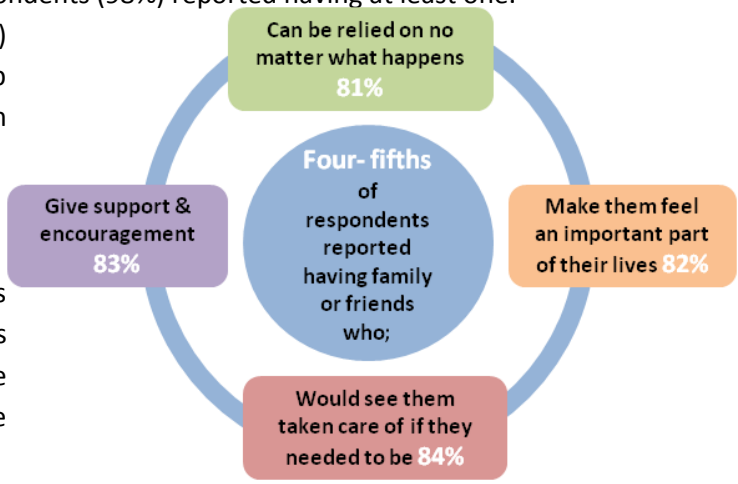
Warwick-Edinburgh Mental Well-being scale (WEMWBS)

The WEMWBS is used to monitor the mental well-being of groups of people over time and between groups. The higher a person's score is the better their level of mental well-being. The mean WEMWBS score for 2014/15 was 51, the same as that reported in 2013/14. No difference was found between males and females or between age groups.

Social Support

Around half of respondents (45%) reported having 3 -5 people close to them that could be counted on if they had serious personal problems, while almost all respondents (98%) reported having at least one.

Over a third of respondents aged 16 to 24 years (37%) stated it would be easy or very easy to get practical help from neighbours if they needed it. This rate increased with age reaching 71% for those aged 75 years and over.



Sleep

Respondents were asked on average, how many hours sleep they get in a 24-hour period, with almost two-thirds (65%) reporting an average of 7-8 hours and no difference noted between males and females. Regardless of age group the largest proportion of respondents reported an average of 7-8 hours sleep, however an increase in the shorter durations was observed with increasing age; 5% of 16-24 year olds reported 4-5 hours sleep compared with 12% of those aged 75 years and over.

64% of respondents with a high GHQ12 score showed signs of insomnia

The presence of insomnia is indicated by having trouble falling asleep and/or staying asleep, three or more times a week. Around one-third of respondents (34%) showed signs of insomnia, with it more likely for females (39%) than males (26%). The proportion of respondents (8%) that reported taking medication to help them fall/stay asleep doubled for those respondents showing signs of insomnia (16%).

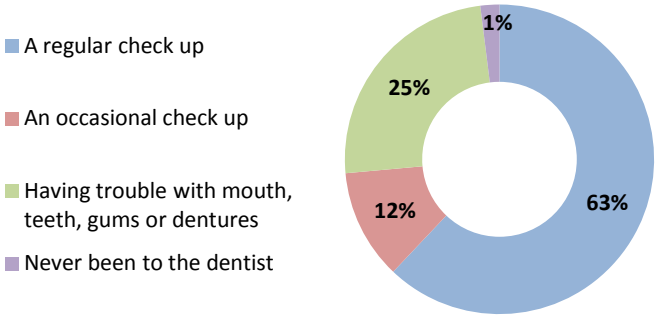
Oral Health

Overall, 72% of respondents described their dental health as 'good' or 'very good', with females more likely to report their dental health positively (76%), than males (67%). Three-quarters of respondents (76%) had 20 or more natural teeth, while 7% reported they had lost all of their natural teeth. Respondents in the most deprived areas almost twice as likely to have lost all of their teeth (9%) than those in the least deprived areas (5%).

Almost all respondents (97%) reported brushing their teeth at least once a day. Around four-fifths of respondents (79%) reported brushing at least twice a day, with females more likely to do so (85%), than males (70%). The proportion of respondents brushing their teeth at least twice a day declined with age, to a low of 61% in the 75 years plus age group.

One in three respondents reported their gums would bleed to some extent; when they eat, brush or floss

In general, respondents reported attending the dentist for;



Respondents in the most deprived areas were more likely (34%) to only attend the dentist if they were having trouble, than those in the least deprived areas (17%). Of those respondents with a limiting long standing illness, 13% reported that their illness limited their ability to attend the dentist.

Four-fifths of respondents (81%) received health service dental care on their last visit to the dentist while a further 14% received private dental care. The most common reasons for using private dental care were that their health service dentist had gone private (42%), to receive a better quality of care (27%), lower waiting times (16%) and due to a better reputation/recommendation from friends or family (16%).

The vast majority of respondents (96%) were 'satisfied' or 'very satisfied' with the service provided by their dentist. The majority of respondents believed the dentist listened to what they had to say (92%) and they had enough time to discuss their oral health (84%). When asked what one change, if any, would respondents make to improve dental services in the future, around two-fifths (39%) would reduce prices/cost, 12% would reduce waiting lists and times, 11% would offer better provision of NHS services and 8% better opening times. Around one-fifth of respondents would not change anything.

Proportion of respondents who were aware of some of the current signs/symptoms of Oral Cancer;	
Red/red and white patches in the mouth	16%
Swelling/lump in your mouth	17%
Mouth ulcers	23%
Pain when swallowing	11%
Tooth/teeth loose for no obvious reason	5%
Unexplained weight loss	4%
Swollen lymph nodes in neck	4%

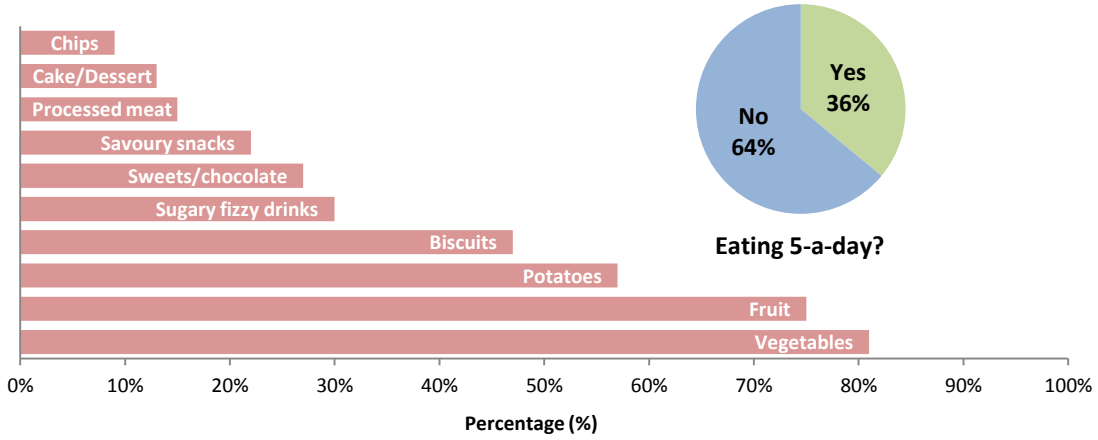
56% of respondents **DID NOT** know any of the symptoms of oral cancer

Proportion of respondents who correctly identified an increased risk of Oral Cancer;	
Spending too much time in the sun without sunblock	24%
Excessive drinking of alcoholic beverages	37%
Smoking cigarettes, cigars, or a pipe	91%
Use of chewing tobacco or snuff	56%

Diet & Nutrition

Overall, 82% of respondents were aware of the five-a-day guidelines, with no difference noted between males (81%) and females (83%). More than a third of respondents (36%) indicated that they ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2013/14. Females continued to be more likely to meet the guidelines (40%) than males (30%).

Foods that respondents report consuming on most days of the week;

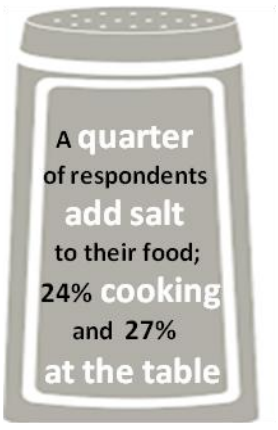


The majority of respondents ate vegetables (81%) or fruit (75%) on most days of the week. Males (21%) were twice as likely as females (10%) to consume processed meat or chicken products. Younger respondents (16-24 year olds) were almost ten times more likely to eat savoury snacks most days (38%), than those aged 75 years and over (4%). Consumption of sugary drinks; similarly declined with age. Sugary drinks were consumed on most days by 37% of those respondents in the most deprived areas compared with 24% in the least deprived.

Around two-fifths (41%) of respondents reported having changed their eating habits in the last three years to lose weight, with females (45%) more likely to have done so than males (35%). Around a third of respondents (35%) have tried or would like to try to control their weight. Three-quarters of respondents (76%) that have tried or would like to control their weight/eat more healthily would describe the kind of food they eat nowadays as fairly healthy.

Reasons decided to eat more healthily/ control weight;
To improve overall health (67%)
To feel better/fitter (67%)
To lose weight (52%)

Reasons why its difficult to eat healthily;
Lack of willpower (49%)
Healthy foods are too expensive (23%)
Lack of choice of healthy foods in canteen/ restaurants (15%)



Use of Salt

There was no difference in the use of salt noted between males and females. The proportion of people who often add salt to their food at the table showed a tendency to increase with age, with a fifth (21%) of 16-24 year olds doing so, compared with a third (33%) of 55-64 year olds. A third (33%) of respondents in the most deprived areas added salt to their food at the table compared with a fifth (20%) in the least deprived areas.

Food Security

A small proportion of households (4%) reported that there had been at least one day when they had not eaten a substantial meal in the last fortnight due to a lack of money, while 1% stated that they had ever cut the size of a child's meal because they did not have enough money for food.

Obesity

Adult Obesity

Overall, 60% of adults were either overweight (35%) or obese (25%). Over a third of adults (38%) were classed as being of a normal weight with the remaining 2% classed as underweight. The percentage of adults classed as obese or overweight has increased from the level reported in 1997, although has remained at a similar level since 2005/06.

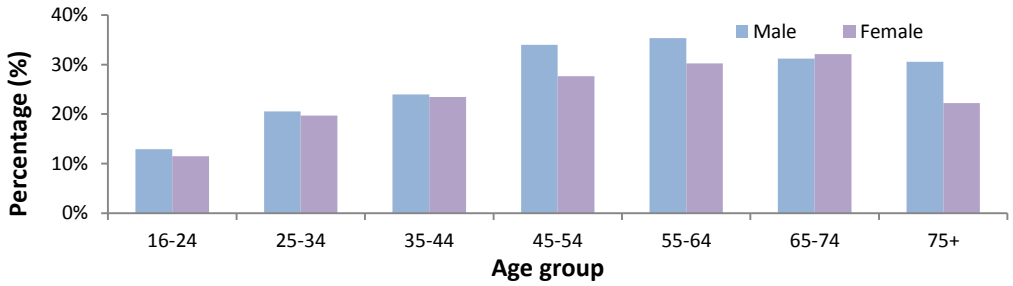
Trends in obese and overweight adults;

BMI CATEGORY	1997	2005/06	2010/11	2011/12	2012/13	2013/14	2014/15
Overweight Males	46	39	44	42	43	43	40
Overweight Females	30	30	30	34	33	33	32
Overweight	37	35	36	37	37	37	35
Obese* males	17	25	23	25	26	25	26
Obese*females	20	23	23	22	24	23	24
Obese*	19	24	23	23	25	24	25
Overweight & Obese*	56	59	59	61	62	61	60

*obese figures include morbidly obese

Since 1997 the proportion of males classed as overweight has decreased from 46% to 40% in 2014/15, however over the same period the proportion of males classed as obese has increased from 17% to 26%. The proportion of females classed as overweight remained fairly similar over the period standing at 32% in 2014/15, however the proportion of females classed as obese has increased from 20% in 1997 to 24% in 2014/15. There has been no change in the combined category of overweight and obese, either for males or females.

Obesity by Age group and Sex;



Before their height and weight were measured respondents were asked how they felt about their weight. Overall, 46% of respondents thought their weight was about right, 45% thought they were too heavy and 5% thought they were too light. Of those respondents who thought their weight was about right, 33% were overweight and 4% were obese. Almost three-quarters of respondents (72%) classed as obese and almost half (45%) of those who were overweight, were currently trying to lose weight.

Childhood Obesity

These findings use International Obesity Task Force (IOTF) cut-off points of the BMI percentiles for children aged 2-15 years.

Almost three-quarters (71%) of these children were classed as normal weight or underweight, while 21% were classed as overweight and 7% as obese. A greater proportion of girls (25%) were classed as overweight compared with boys (18%), however there was no difference found in the proportion of girls and boys who were classed as obese (8% of girls and 7% of boys). The proportion of children classed as either obese or overweight (28%) has not changed since 2005/06.

Breastfeeding

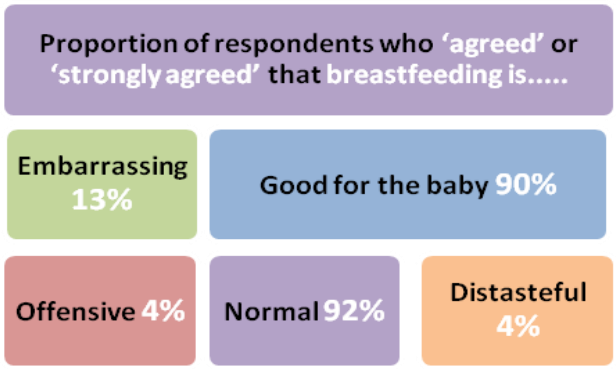
A third of respondents (34%) were aware of the 'Breastfeeding Welcome Here' scheme, with females more likely to be aware of the scheme (39%) than males (25%).

Benefits associated with Breastfeeding;

Statements	'Agree' or 'Strongly agree'	Don't know	'Disagree' or 'Strongly disagree'
Breastfed babies get fewer ear, chest and kidney infections	55%	35%	11%
Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting	26%	41%	32%
Breastfeeding helps protect children from diabetes	34%	52%	14%
Breastfeeding helps protect children from severe asthma and eczema	40%	45%	15%
Bottle-fed babies are at increased risk of sudden infant death (cot-death)	12%	55%	33%
Breastfeeding reduces the risk of breast cancer in women	35%	51%	13%

Opinions on breastfeeding;

While only 13% of respondents agreed that breastfeeding was 'embarrassing', a further fifth (21%) neither agreed nor disagreed. The majority of respondents 'disagreed' or 'strongly disagreed' that breastfeeding was offensive (85%) and distasteful (86%).



'Agree' or 'Strongly agree'	Male	Female	All
Women should be made to feel comfortable breastfeeding their babies in public	77%	83%	81%
Women should only breastfeed their babies at home or in private	11%	13%	12%
There should be a law in Northern Ireland to protect women who want to breastfeed in public	69%	72%	71%
Formula feeding is more convenient than breastfeeding	38%	42%	40%
Formula is as healthy for an infant as breast milk	19%	31%	26%
Breastfeeding is more convenient than formula feeding	38%	46%	43%

Female respondents with children aged between 0 and 15 years were asked a series of questions regarding their own breastfeeding experiences. Over half of mothers (55%) breastfed at least one of their babies, with almost one in three mothers (29%) breastfeeding their babies for six months or more, and a further fifth (19%) breastfeeding for between three and six months.

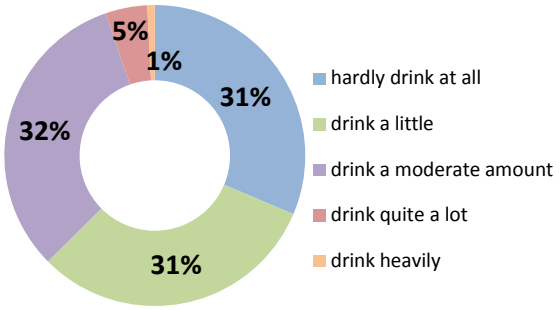
Females in the least deprived areas were more likely to have breastfed their children (69%) compared with those in the most deprived areas (43%)

Mothers who did not breastfeed their children were more likely to agree that formula was more convenient than breastfeeding and that formula was as healthy as breast milk. Mothers who breastfed their children were more likely to agree breastfeeding is more convenient than formula feeding.

Drinking

Over three-quarters of respondents (77%) aged 18 and over drank alcohol. Males were more likely to drink alcohol (81%), than females (75%). The highest proportion of those that drink alcohol occurred in the younger age groups; 18-24 year olds (86%) and 25-34 year olds (86%). This compared with less than half of those in the 75 years and over age group (49%).

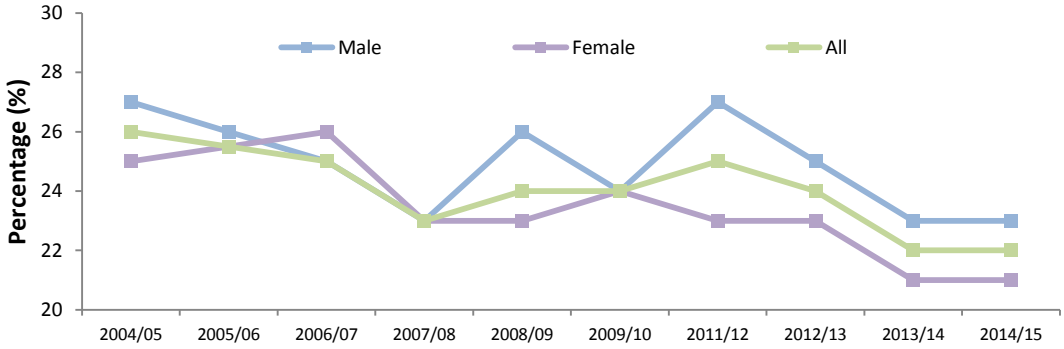
Respondents views of how much alcohol they drink



Smoking

Around one-fifth of respondents (22%) were current smokers, the same overall smoking prevalence as the previous year (2013/14). There was no difference in smoking prevalence for males (23%) and females (21%) in 2014/15. Over the last decade smoking prevalence has decreased from 26% in 2004/05 to 22% in 2014/15. The proportion of both males and females that smoke also reduced during this period, (declining from 27% to 23% for males and 25% to 21% for females).

Percentage of Current Smokers by Gender over the last Decade

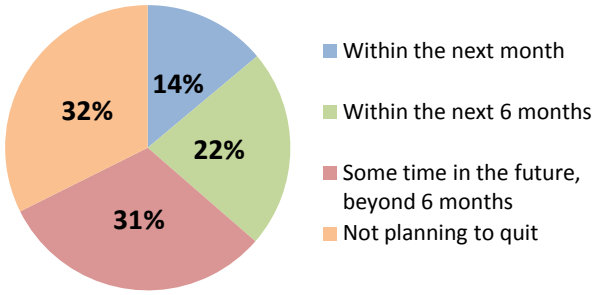


In 2014/15 over half of females (51%) had never smoked compared with two-fifths of males (41%). Around two-thirds of smokers (66%) stated that they had started smoking before they reached the age of 18. Smoking prevalence declined with age from over a quarter (26%) of 16-24 year olds currently smoking to 7% of those aged 75 years and over. Smoking prevalence in the most deprived areas (36%) was three times that in the least deprived areas (12%).

Quitting Smoking

Almost 8 out of every 10 smokers (79%) have tried to quit smoking at some point. A larger proportion of respondents aged between 25 and 54 years have tried to quit. Two-thirds of current smokers (68%) are planning to quit at some point in the future, whether that be within the next month (14%), within the next 6 months (22%), or beyond (31%).

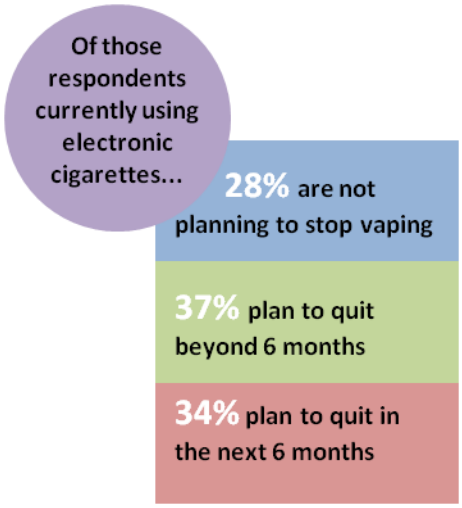
Respondents planning to quit smoking.....;



Electronic Cigarettes

There was no difference between the proportion of male (15%) and female respondents (12%) that had ever used an electronic cigarette (14%), commonly referred to as vaping. The younger age groups were more likely to report having ever used an electronic cigarette. The majority (97%) of respondents who had ever tried an electronic cigarette were a current smoker or used to smoke on a regular basis.

A small proportion of respondents (5%) reported that they currently use electronic cigarettes, and 3% reported that they had used them on a regular basis. Respondents in the most deprived areas were twice as likely to currently use electronic cigarettes (8%), than those in the least deprived areas (4%).



Over half of respondents (55%) who currently use electronic cigarettes are current smokers, and over two-fifths (43%) used to smoke on a regular basis. Almost three-quarters (72%) of those currently using electronic cigarettes that used to smoke regularly have quit smoking for more than 6 months.

The most commonly reported reasons for using electronic cigarettes were; 'to enable me to reduce the number of cigarettes I would normally smoke' (51%), 'they are cheaper than using tobacco products' (46%), 'they have helped me to quit smoking tobacco products completely' (42%) and 'they protect those around me from exposure to secondhand smoke' (35%).

Sexual Health

Respondents aged 16-74 were asked a range of questions regarding their attitudes and experiences of sexual health. A total of 2,066 individuals (63%) of those eligible completed the sexual health module.

Two-thirds of respondents aged between 16-74 years agreed that they had a healthy and enjoyable sex life

Attitudes

Over half of respondents (58%) stated that sexual intercourse between a man and a woman before marriage was not wrong at all.

Statements	Mostly/ Always Wrong	Sometimes/ Rarely Wrong	Not wrong at all	Depends/ Don't know
A person having one night stands	40%	26%	17%	17%
Sexual relations between two adult men	31%	9%	39%	21%
Sexual relations between two adult women	27%	11%	39%	22%
Sexual relations with others whilst married or in a civil partnership	76%	8%	6%	10%
Sexual relations with others whilst living together	65%	11%	13%	12%

'Agree' or 'Strongly agree'	Male	Female	All
There's too much sex in the media these days	48%	65%	58%
Young people today start having sex too early	65%	84%	76%
Teaching young people about sexual matters encourages them to have sex	20%	17%	19%

Almost half of respondents (47%) indicated that they did not think teaching about sexual matters encourages sex.

Experiences

Over half of respondents (51%) reported having their first sexual experience between the ages of 16 and 18 years, and over half of respondents (56%) believed their first sexual experience occurred at about the right time. A quarter of respondents felt they should have waited longer before having sex (27%) with females more likely to indicate they should have waited (34%) than males (18%). Two-fifths of respondents indicated that having sex the first time 'seemed like a natural 'follow-on' in the relationship' (43%) and that they were in love (41%). Nearly two-fifths reported that they were 'curious about what it would be like' (37%) and a fifth stated they had sex because 'most people in my age group seemed to be doing it' (21%). Just over one in ten (12%) respondents indicated that they were 'a bit drunk at the time'.

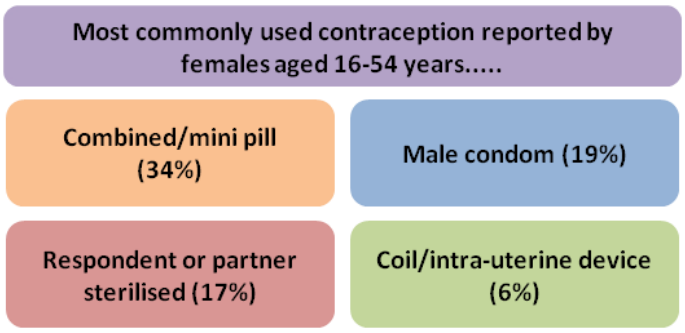
51% of respondents had their first sexual experience between the ages of 16 and 18 years

The majority of respondents most recent sexual experience was with a member of the opposite sex, with three-fifths (62%) being with a person they were currently living with/married or engaged to, and a further quarter within a steady relationship. Over two-thirds of respondents did not use a condom or other protection against sexually transmitted infections (STIs) during their most recent sexual experience (69%). The main reasons given for not using protection against STIs were that the respondent was with a long term/regular partner (61%) and they did not think it was needed, as there was no risk (38%).

69% of respondents did not use a condom or other protection against STIs during their most recent sexual experience

Contraception

Female respondents aged 16-54 years were asked what contraception methods they currently use.



Of those female respondents not using any method of contraception (15%), the most common reason was that they were trying to become pregnant, or that they were unlikely to conceive because of the menopause/ infertility.

A small proportion of female respondents (5%) reported having used the emergency hormonal contraceptive pill, with four-fifths (82%) having used it on one occasion. Two-fifths (42%) had obtained this from a pharmacy/chemist and just over a third (36%) from a doctor or nurse at a GP surgery. Almost half (45%) of respondents who had used the emergency hormonal contraceptive pill indicated it was as a result of condom failure.

The most commonly reported contraception methods used by male respondents aged 16-74 years and their partners, were the male condom (33%) and the contraceptive pill (23%). Almost a third (32%) reported that they did not use any method of contraception at all.

One in three male respondents (32%) reported they did not use any method of contraception at all

Of those respondents who have sought advice on contraception or obtained supplies in the past year, over half (55%) reported contacting a doctor or a nurse at a GP surgery while almost a fifth (18%) had went to a pharmacy/chemist.

Use of Computers for Health Reasons

Half of respondents (47%) reported looking up health information on the internet, with females (52%) more likely to do so than males (40%). Respondents aged between 25 and 44 years old were most likely to search the internet for health information, with the proportion declining with increasing age thereafter. Respondents in the least deprived areas were more likely to use the internet to access health information (56%) than those in the most deprived areas (44%).

47%
of respondents reported looking up **health information** on the **internet**

A small proportion of respondents use computers for other health reasons including; to order/request a prescription (7%), schedule an appointment with a health care provider (3%), use of online chat groups to learn about health topics (3%), to communicate with a health care provider by e-mail (2%) and to buy medicines over the internet (1%).

Public Safety

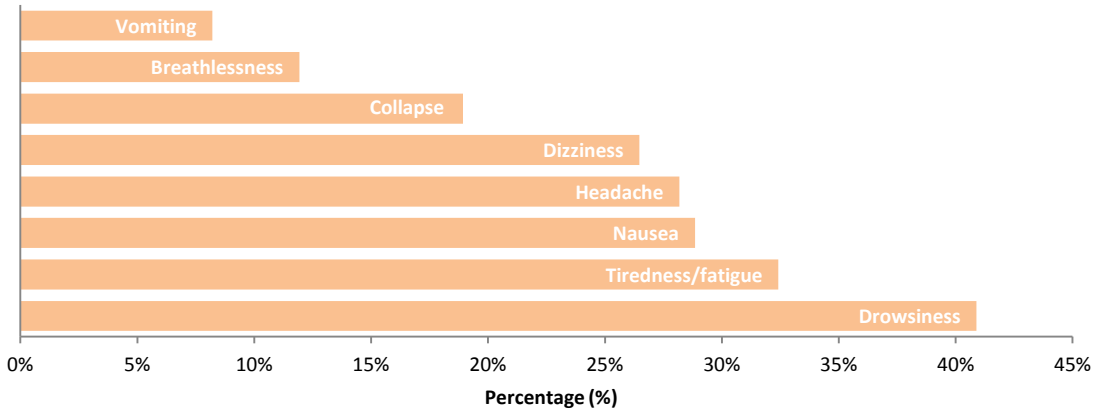
Almost all households (97%) had a smoke alarm installed in their home. Around half of those with a smoke alarm tested it at least monthly, while almost one-fifth (18%) never tested their smoke alarm.

Three-fifths of respondents (62%) were aware that by installing a carbon monoxide alarm they could protect themselves/their family from carbon monoxide poisoning, however a lower proportion reported having a carbon monoxide alarm in their home (42%). This is an increase on the 2012/13 finding of 30%. A fifth of respondents (21%) did not know of any way to protect themselves from carbon monoxide poisoning.

42%
of respondents had a **carbon monoxide alarm** in their home

Of those respondents that have a carbon monoxide alarm, around two-fifths tested it at least monthly, while a quarter (25%) never tested their carbon monoxide alarm. More than two-thirds of respondents (70%) had their main heating appliance in their home tested on a yearly basis with a small proportion (5%) reporting their appliance had never been serviced. Of those respondents with chimneys/flues in their homes, almost half have them cleaned yearly, while 14% had never had them cleaned.

Proportion of respondents who were aware of the signs/symptoms of carbon monoxide poisoning;



A small proportion of respondents were aware that flu-like symptoms (5%), erratic behaviour (4%), pains in the chest (3%), stomach pains (3%) and visual problems (3%) were also symptoms of carbon monoxide poisoning.

Technical Notes

Fieldwork

The fieldwork for the survey was conducted from April 2014 to March 2015. Data were collected using Computer Assisted Personal Interviewing (CAPI) and where appropriate Computer Assisted Self Interviewing (CASI), from those aged 16 and over in private households in Northern Ireland. Parents were also asked to complete the children's health questions on behalf of all children within their household. Given the importance to the survey of achieving a sample that was representative of the Northern Ireland population, a random sample of 5850 addresses across Northern Ireland were selected for interviewing. The final achieved sample was 4144 individuals, with a response rate of 64% achieved.

Weighting

The results are based on information that has been weighted by age and sex in order to better reflect the composition of the general population of Northern Ireland. For all interview questions a specific weighting was used based on the demographics of the interviewees. A separate weighting was used for calculating adult BMI and children's BMI relating only to those respondents in each age group who had physical measurements taken.

Percentages

Percentages may not always sum to 100 due to the effect of rounding or where respondents could give more than one answer.

Trends

Comparisons of the main findings over time are also included for a range of health topics. Data sources for trend comparisons include the Health Survey Northern Ireland (HS) from its commencement in 2010/11, the Northern Ireland Continuous Household Survey (CHS) and the Northern Ireland Health and Wellbeing Survey (HWBS) where relevant. The text in the main report does not make specific reference to the source but the table below notes the source used for each year by topic.

Sources of data within this report from 1997-2013/14:

Year	GHQ12	Warwick Edinburgh	Five-a-day	Adult Obesity	Smoking	Drinking	Sexual Health
2014/15	HS	HS	HS	HS	HS	HS	HS
2013/14	HS	HS	HS	HS	HS	HS	HS
2012/13	HS			HS	HS	HS	HS
2011/12	HS	HS	HS	HS	HS	HS	HS
2010/11	HS	HS	HS	HS	HS	HS	
2009/10	CHS				CHS		
2008/09					CHS	CHS	
2007/08					CHS		
2006/07					CHS	CHS	
2005/06	HWBS		HWBS	HWBS			
2004/05					CHS		
2002/03						CHS	
2000/01						CHS	
1997				HWBS			

Deprivation Quintile

The Northern Ireland Multiple Deprivation Measure 2010 (NIMDM) is the official measure of spatial deprivation in Northern Ireland. The NIMDM 2010 allows the 890 Super Output Areas in Northern Ireland to be ranked in relation to deprivation. It is a combination of 7 deprivation domains, weighted as follows:

- Income (25%)
- Employment (25%)
- Health Deprivation and Disability (15%)
- Education, Skills and Training (15%)
- Proximity to Services (10%)
- Living Environment (5%)
- Crime and Disorder (5%)

Based on their home address, respondents were allocated to deprivation quintiles throughout this report using the NIMDM 2010.

Longstanding illness & Limiting longstanding illness

To establish the proportion of respondents with a long standing illness, interviewees were asked if they had 'any physical or mental health condition or illness lasting or expected to last 12 months or more'. If this long-standing illness also reduced a respondents 'ability to carry out day-to-day activities' the long-standing illness was then classified as limiting.

General Health Questionnaire (GHQ12)

The GHQ12 is a screening tool designed to detect the possibility of psychiatric morbidity in the general population. The questionnaire contains 12 questions about recent general levels of happiness, depression, anxiety and sleep disturbance. Responses to these items are scored, with one point given each time a particular feeling or type of behaviour was reported to have been experienced 'more than usual' or 'much more than usual'. A score is then constructed from combined responses to create an overall score of between zero and twelve. A score of 4 or more is classified as a respondent with a possible psychiatric disorder, and referred to as a 'high GHQ12 score'.

Warwick-Edinburgh Mental Well-being scale (WEMWBS)

This scale contains 14 positively worded statements, such as feeling optimistic, feeling relaxed, thinking clearly, feeling confident and feeling cheerful. Respondents are asked to indicate how often they have agreed with each statement on a scale ranging from '1- None of the time' to '5- All of the time'. A score is then assigned to each respondent with a minimum score of 14 and maximum score of 70. The higher a person's score is the better their level of mental well-being. The scale was not designed with a view to categorising the population according to level of mental well-being (thus no cut-off points have been developed), but rather as a tool for monitoring the mental well-being of groups of people over time or differences between groups.

The WEMWBS was funded by the Scottish Executive National Programme for improving mental health & well-being, commissioned by NHS Scotland, developed by the University of Warwick & the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick & the University of Edinburgh.

Diet and Nutrition

The definition of 'Five portions of fruit and vegetables daily' is taken from the World Health Organisations' recommendation that adults should eat a minimum of 400g of fruit and vegetables a day, equivalent to eating five 80g portions of fruit and vegetables per day.

Physical Measurements

Measurements of height and weight were sought from individuals aged two and over in participating households. Measurements were obtained for 3,172 adults (aged 16 or over) and 511 children aged 2 to 15 years old) in 2014/15.

Body Mass Index

Body Mass Index (BMI) is a widely used indicator of body fat levels which is calculated from a person's height and weight. BMI is calculated by dividing weight (kilograms) by the square of height (metres). As part of this survey, height and weight measurements are sought from all individuals aged 2 or above at co-operating households.

Adults

Adults (aged 16 or over) are then classified into the following BMI groups:

BMI (kg/m^2)	Description
Less than 18.5	Underweight
18.5 to 24.9	Normal
25 to 29.9	Overweight
30 to 39.9	Obese
40 and over	Morbidly obese

Children

The classification of Body Mass Index in children (aged 2-15 years) depends on the age and sex of the child as well as their height and weight. The findings in the Health Survey Northern Ireland use International Obesity Task Force (IOTF) cut-off points of the BMI percentiles for children. Using IOTF, overweight is defined as having a BMI at or above the 90^{th} percentile but below the 97^{th} percentile, and obese is defined as having a BMI at or above the 97^{th} percentile.

Children are classified into the following BMI groups:

BMI (kg/m^2)	Description
BMI-for-age <5^{th} percentile	Underweight
BMI-for-age between 5^{th} percentile & 90^{th} percentile	Normal
BMI-for-age between 5^{th} percentile & 90^{th} percentile	Overweight
BMI-for-age >97^{th} percentile	Obese

Note- The Health Surveys for England, Scotland and Wales use the UK BMI National Centile Classification Standards to measure obesity among children and, as such, the IOTF results for Northern Ireland are not directly comparable. The UK Centile Classifications categorises obesity when BMI for age and sex is higher than the 95^{th} percentile with children categorised as overweight when the BMI fell between the 85^{th} and 95^{th} percentiles. Comparable results for Northern Ireland with the UK national BMI Centile Classification Standards are available on request.

Sexual Health

The sexual health section of the survey is a self-completion module. Respondents aged between 16 and 74 years were invited to take part in the sexual health module. A total of 2066 individuals (63% of respondents), in the selected age range completed the sexual health module.