

INFORMATION
ANALYSIS
DIRECTORATE



Health Survey (NI) First Results 2022/23



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Health

An Roinn Sláinte

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Health Survey (NI): First Results 2022/23

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This publication is a summary of the main topics included in the 2022/23 Health Survey. Further bulletins and tables will be made available on the Health Survey page on the Departmental website.

[Health survey Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/health-survey-northern-ireland)

Any statistics used must be acknowledged and sourced to the Health Survey Northern Ireland, Department of Health.

Impact of the coronavirus (COVID-19) pandemic on data collection

Due to the coronavirus (COVID-19) pandemic, data collection for the 2020/21, 2021/22 and 2022/23 Health Survey Northern Ireland moved from face-to-face interviewing to telephone mode.

There are a number of factors which users should take into consideration when interpreting these results and care should be taken when comparing these to previously published findings.

- The change in data collection mode from face-to-face to telephone may have altered how people responded to the survey.
- The change in data collection mode necessitated a reduction in the number of questions and changes to how some questions were asked or presented as well as the response categories associated with them. This may also have implications for how people responded to the survey.
- The achieved response rate on the survey for 2022/23 was 56% which is similar to normal achieved response rates in face-to-face mode; the final achieved sample was 3,582 individuals.
- The precision of the survey estimates in the 2020-21 and 2021/22 years (where the achieved response rates were 18% and 47% respectively) was reduced compared with previous findings, especially when broken down by sub-groups of the population; the accompanying trend tables outline the survey estimates and the respective confidence intervals.
- The demographic profile of the achieved sample has an under-representation of people aged 16 to 34. The 2021/22 and 2022/23 results are based on information that has been weighted by sex and age and whilst the weighting should reduce bias in the results they cannot eliminate all forms of bias which may be present in the data (to note, the 2020/21 health survey weight was based on sex, age and Multiple Deprivation Measure (MDM) as the sample had fewer households from the most deprived areas and more households from the least deprived areas in comparison with previous years. The weights for all other years were based on sex and age).

Any changes within the 2022/23 data compared with previous years have to be considered in the context of all of the above. Caution should be taken in reaching any conclusions based on 2020/21, 2021/22 and 2022/23 data and comparisons with previous years as the findings may not be directly comparable with previous years. As interviews were carried out across the period April 2022 to March 2023, the figures in the report can be regarded as a representative average across the whole year.

Please note that findings for 2020/21 and 2021/22 may also be impacted to a degree by which Government restrictions were in place for the pandemic at the time the interviews took place and as such, individual responses to some behavioural, attitudinal and health related questions may have differed compared with previous years.

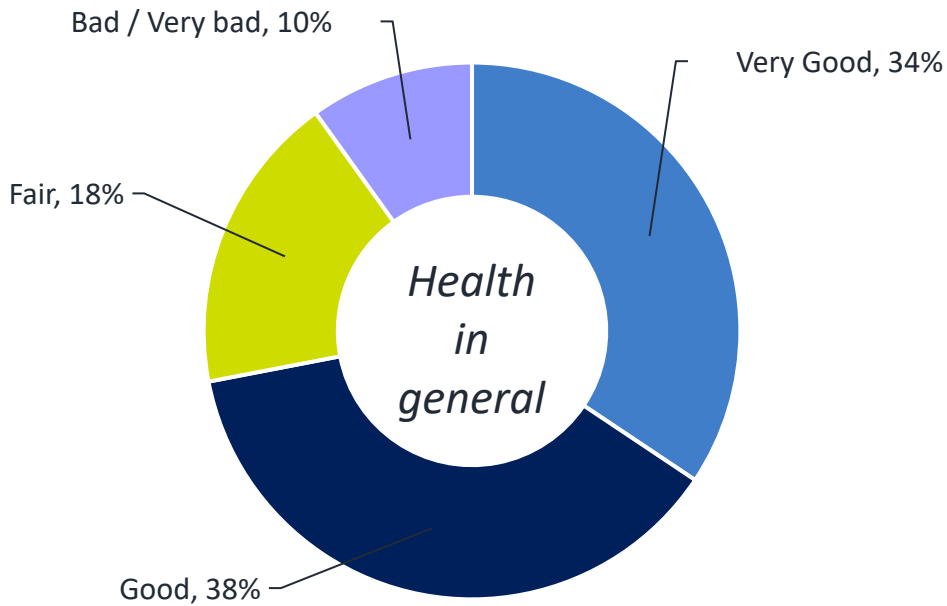
Further details on these changes can be found in a document published alongside this bulletin, titled 'Health Survey Northern Ireland - Things users need to know'.

General Health

In 2022/23, almost three-quarters of respondents (72%) rated their general health as very good or good; similar to 2021/22 (73%). A tenth of respondents (10%) rated their general health as bad or very bad, the same as in 2021/22.



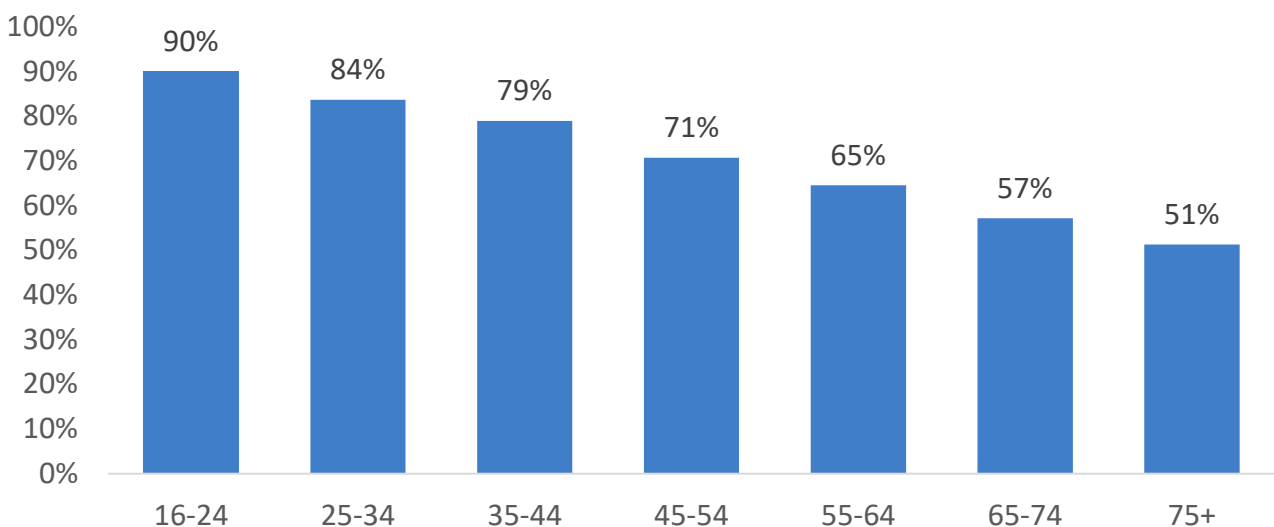
How is your health in general?



General health by Age

Very good or good self-assessed general health declined with age from 90% of 16-24 year olds to around half (51%) of those aged 75+.

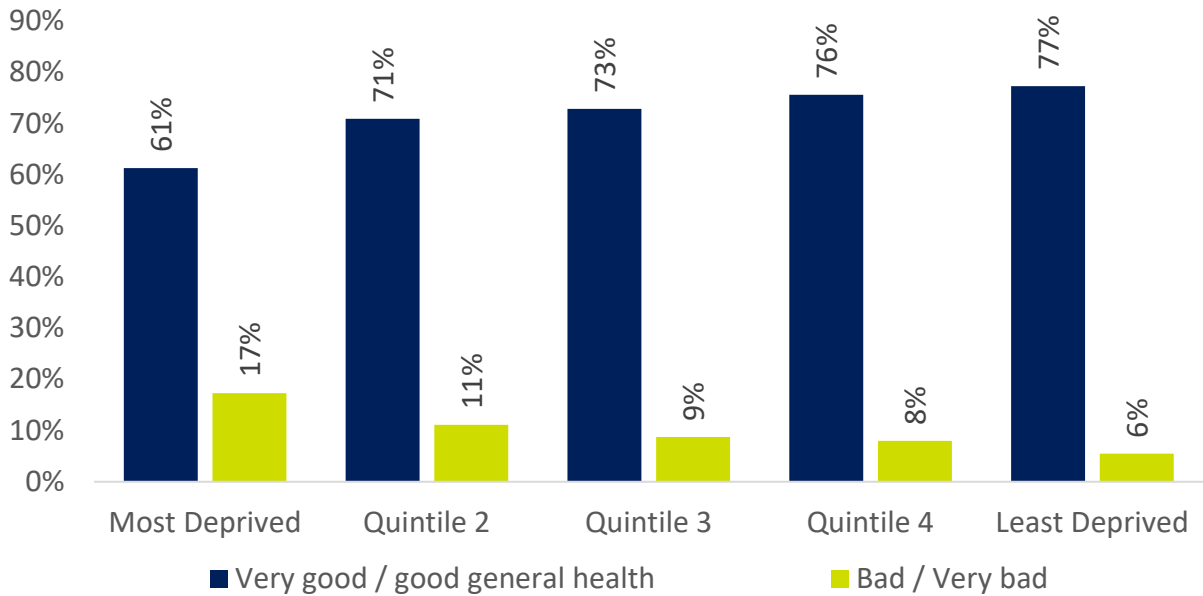
Very good / good general health by age



General health by Deprivation Quintile

Respondents living in the most deprived areas (61%) were less likely to rate their health as good or very good than those living in the other deprivation quintile areas (71% - 77%). Those living in the most deprived areas (17%) were three times as likely to rate their general health as bad or very bad compared with those living in the least deprived areas (6%).

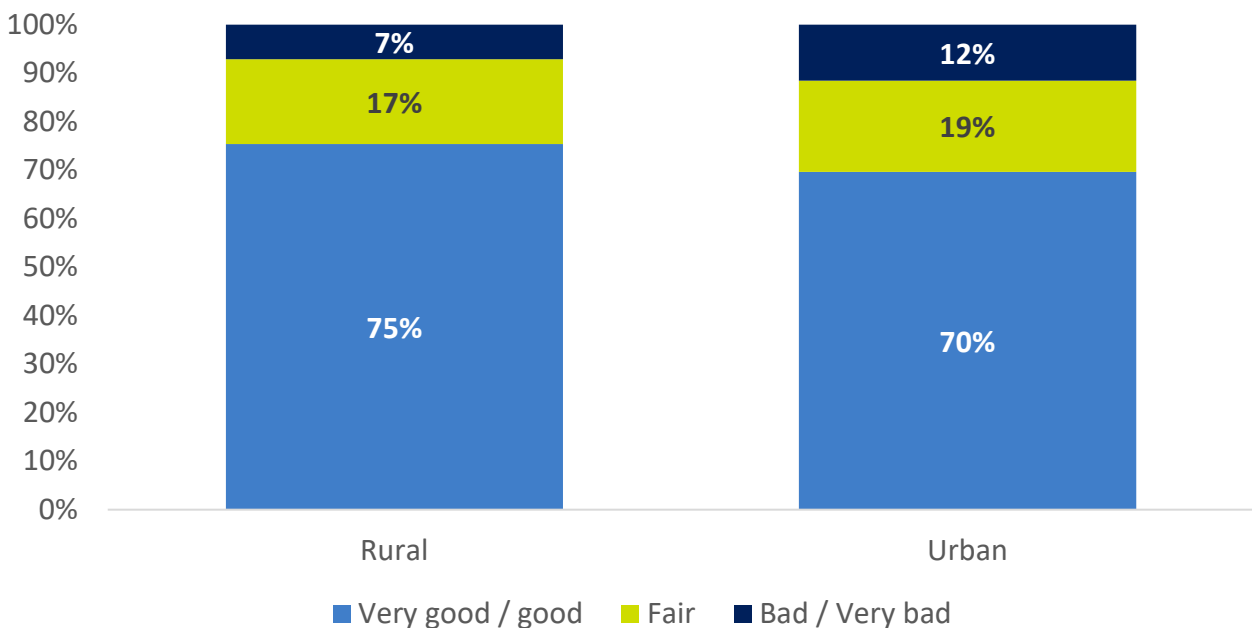
Very good / good and Bad / very bad general health by Deprivation Quintile



General health by Urban-Rural area

Three-quarters (75%) of those living in rural areas rated their health as good or very good compared with over two-thirds (70%) of those living in urban areas.

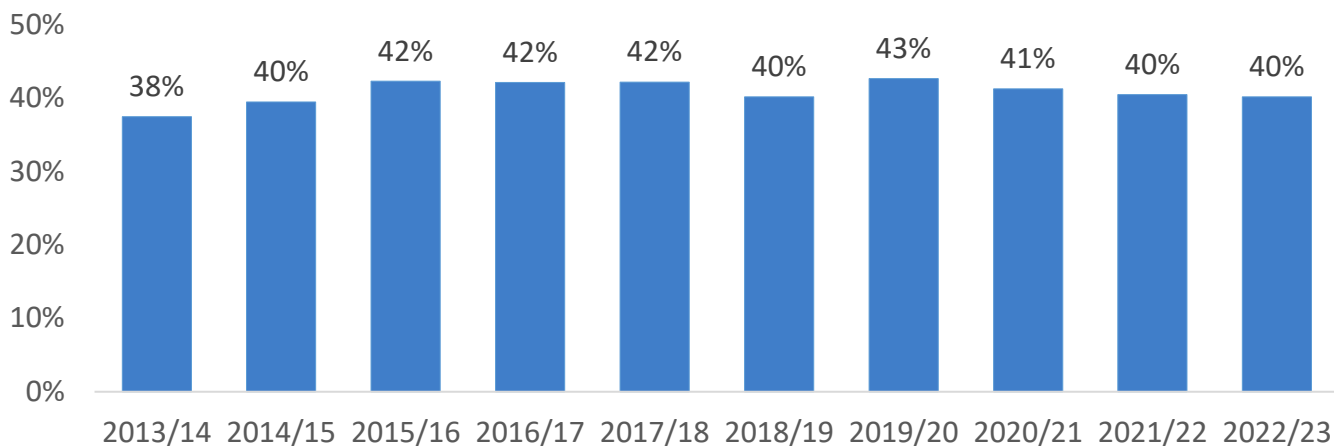
General health by Urban-Rural area



Long-term conditions

Consistently year-on-year, around two-fifths of respondents (40% in 2022/23) have reported a physical or mental health condition or illness expected to last 12 months or more. This increased with age from 14% of those aged 16-24 to two-thirds (65%) of those aged 75 and over.

Long-term conditions by year

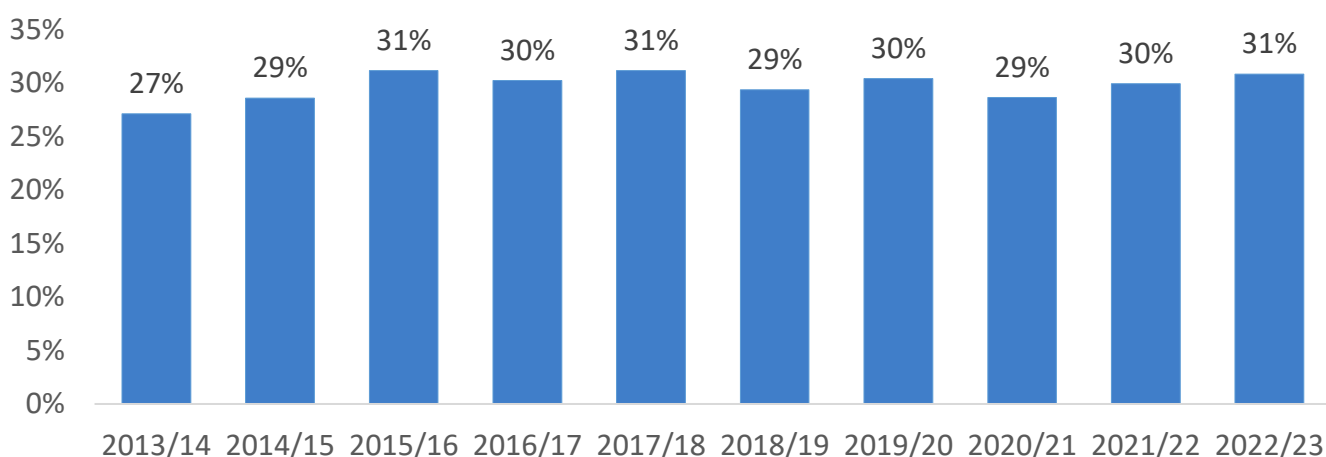


Females (43%) were more likely than males (37%) to report having a long-term condition. Half (50%) of those living in the most deprived areas reported a long-term condition compared with less than two-fifths (37%) of those in the least deprived areas. Those living in urban areas (44%) were more likely than those living in rural areas (35%) to report having a long-term health condition.

Limiting long-term conditions

Almost a third (31%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2021/22).

Limiting long-term conditions by year



Prevalence generally increased with age with 13% of those aged 16-24 reporting a limiting long-term condition compared with 53% of those aged 75 and over.

Most of those (94%) with limiting long-term conditions reported their ability to carry out day-to-day activities had been reduced for 12 months or more.

Mental Health

GHQ12

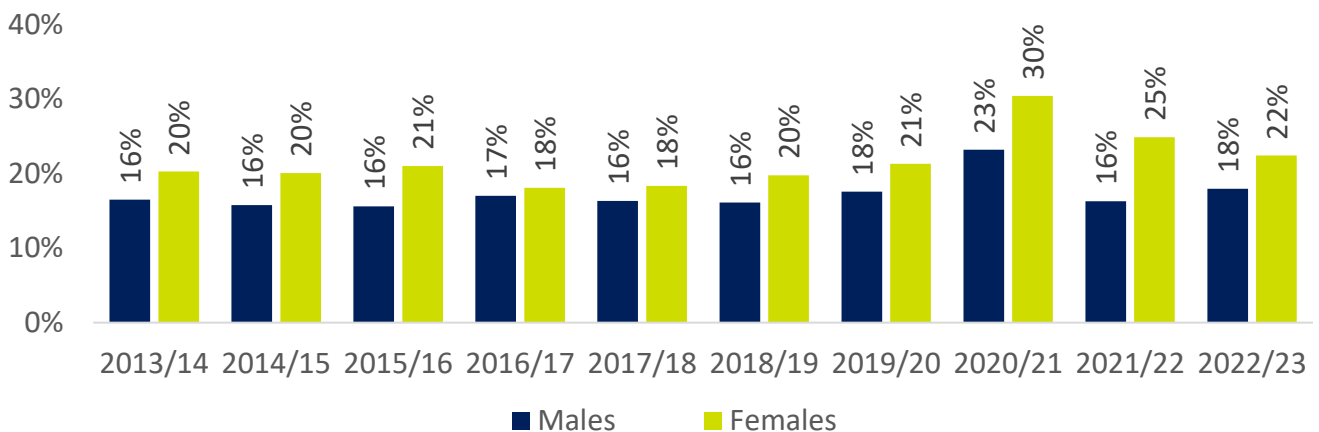
A fifth (20%) of respondents had a high GHQ12 score, which could indicate a mental health problem. This was significantly lower than the 27% reported in 2020/21, however it is similar to 2021/22 (21%).



High GHQ12 by sex

Males (18%) were less likely than females (22%) to have a high GHQ12 score. The proportion of males and females scoring highly on the GHQ12 has returned to pre-pandemic levels.

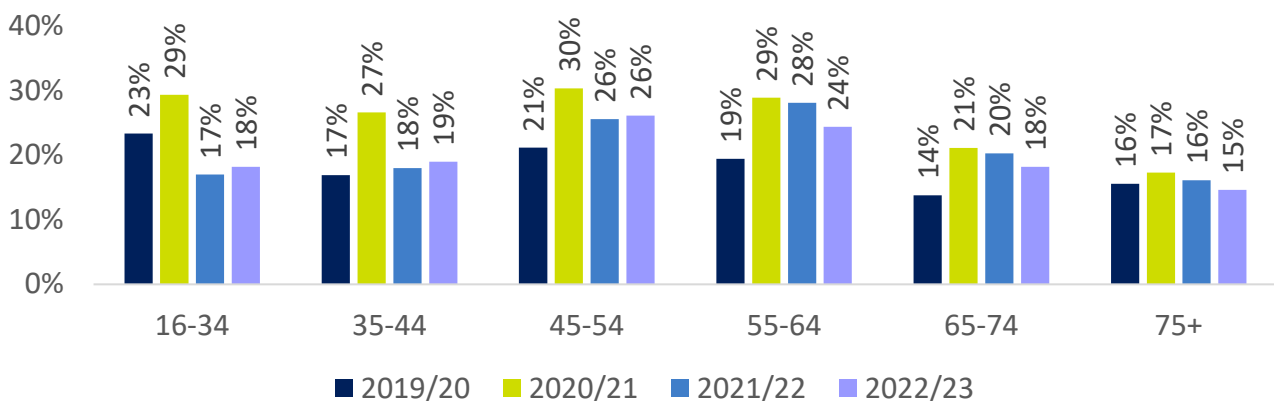
High GHQ12 score by sex and year



High GHQ12 by age

The proportion of those aged 35 to 74 scoring highly on the GHQ12 increased significantly between 2019/20 and 2020/21. While the proportion scoring highly on the GHQ12 returned to pre-pandemic levels for those aged 35 to 44, those aged 45 to 74 remained higher. The proportion of those aged 16 to 34 scoring highly on the GHQ12 decreased significantly between 2019/20 and 2022/23. Over this time, there was no significant change for those aged 75+.

High GHQ12 score by age and year (2019/20 to 2022/23)



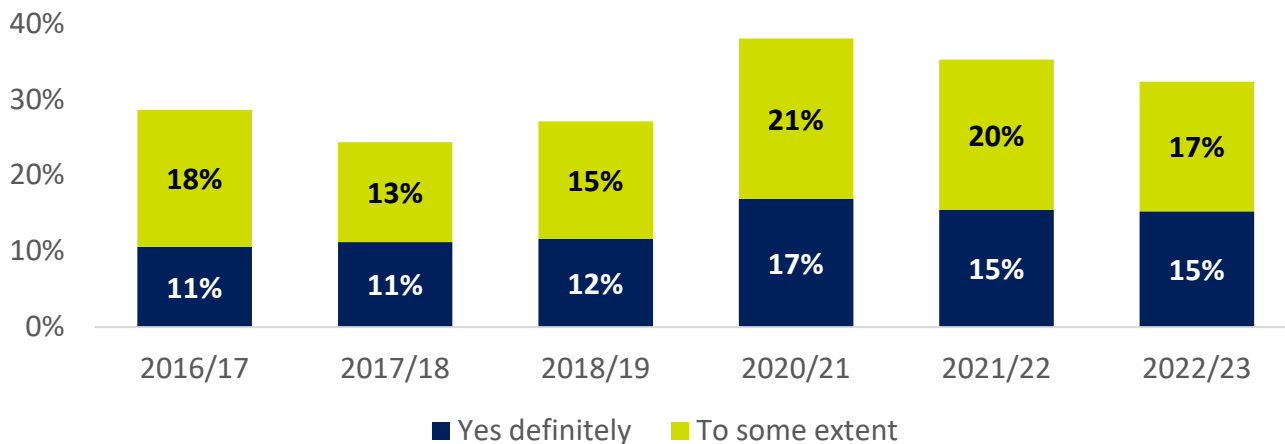
High GHQ12 by deprivation and urban/rural area

Over a quarter (28%) of those in the most deprived areas had a high GHQ12 score compared with less than a fifth (17%) of those living in the least deprived areas. Under a quarter (23%) of those living in urban areas had a high GHQ12 score compared with 17% of those living in rural areas.

Concerns about own mental health

In 2022/23, around a third (32%) of respondents reported having concerns about their own mental health in the past year. This was lower than the finding in 2021/22 (35% overall).

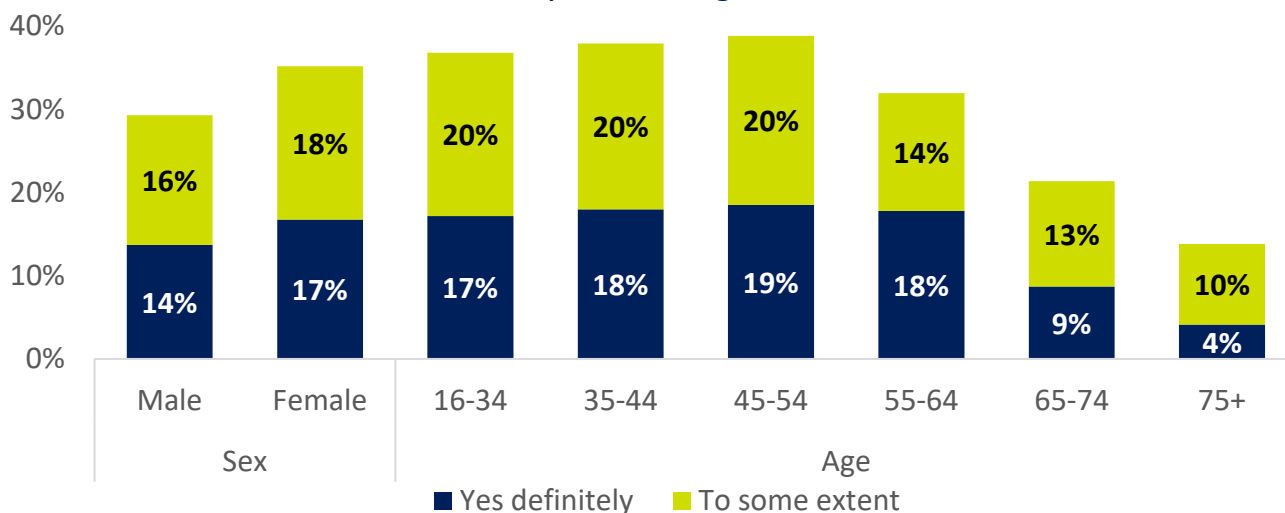
Concerns about own mental health by year



Concerns about own mental health by sex and age

Females (35%) were more likely to report having concerns about their own mental health in the past year than males (29%). Around two-fifths of those aged between 35 and 54 had concerns about their mental health, while this was true for a fifth (21%) of those aged 65-74 and 14% of those aged 75+.

Concerns about own mental health by sex and age



Concerns about own mental health by deprivation and urban-rural location

Two-fifths (40%) of those living in the most deprived areas had concerns about their own mental health in the past year (22% definitely; 19% to some extent), compared with less than a third (30%) of those living in the least deprived areas (12% definitely; 17% to some extent).

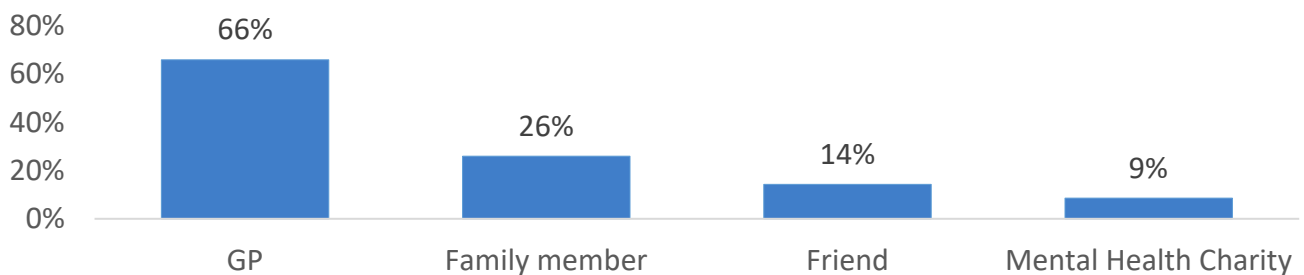
Almost two-fifths (38%) of those living in urban areas had concerns about their own mental health in the past year (18% definitely; 20% to some extent), compared with a quarter (25%) of those living in rural areas (11% definitely; 13% to some extent).

Seeking help for concerns about own mental health

Two-thirds (66%) of those who had concerns for their mental health (both definitely and to some extent) in the past year had sought help from someone (up from 53% in 2021/22). Similar proportions of females (68%) and males (63%) sought help.

Around two-thirds of those who sought help talked to their General Practitioner, while a quarter (26%) sought help from a family member and 14% sought help from a friend.

Most common places to seek help for concerns about own mental health



The most common reason given by those who did not seek help for concerns for their own mental health was “I could handle things on my own” (stated by 72% of those who did not seek help).

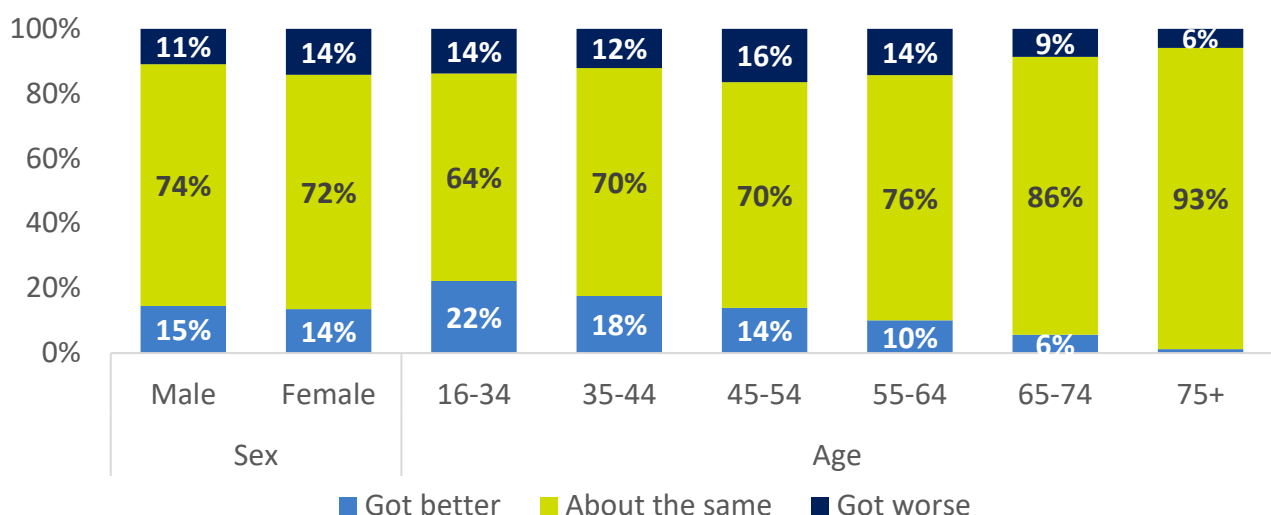
Mental health over last twelve months

Around three-quarters (73%) of respondents felt that their mental health had stayed the same over the last twelve months, while 14% thought that it had got better and 13% thought it had got worse.

Mental health over last twelve months by sex and age

Females (14%) were more likely than males (11%) to say that they felt that their mental health had got worse. Younger respondents were more likely to report that they felt that their mental health had got better than older respondents.

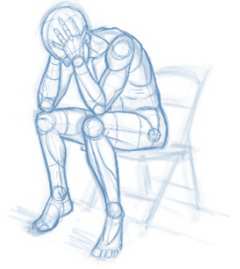
Mental health over last twelve months by sex and age



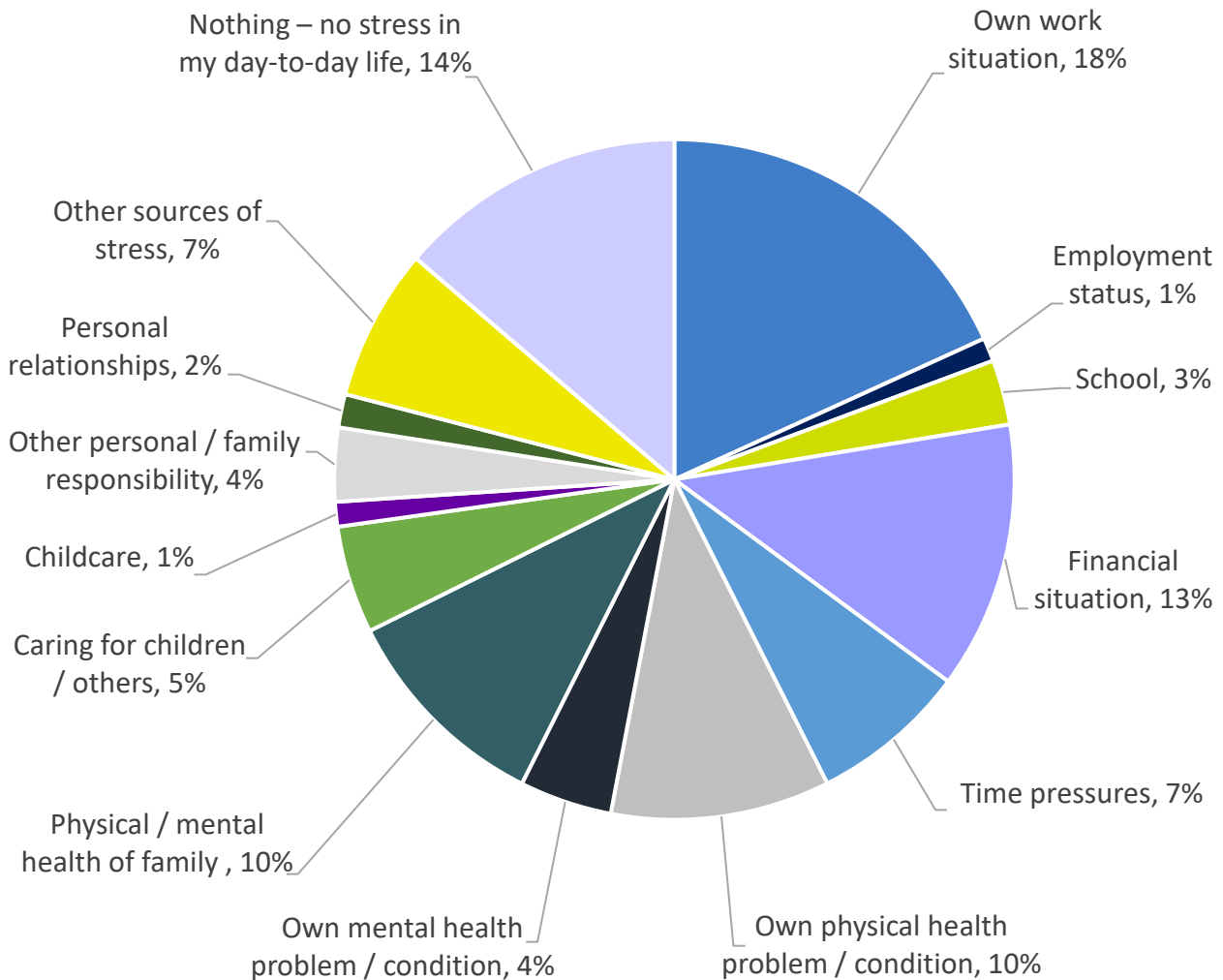
Almost a fifth (16%) of those living in the most deprived areas felt their own mental health had got worse in the last twelve months, compared with 10% of those living in the least deprived areas. A higher proportion of those living in urban areas (15%) than those living in rural areas (10%) felt their own mental health had got worse in the last twelve months.

Stress in day-to-day life

In 2022/23, when asked about the most important contributing factor to feelings of stress in their day-to-day life, the five most common things that respondents reported were their own work situation (18%), financial situation (13%), own physical health problem or condition (10%), physical / mental health of family (10%), and time pressures (7%). Stress due to financial situation had risen from 8% in 2021/22.



Sources of stress in day-to-day life



Males were more likely than females to indicate that their own work situation was the most important thing contributing to feelings of stress, while females were more likely than males to report physical / mental health of family and caring for children / others.

Those respondents living in the least deprived areas were more likely to say that their own work situation (29%) contributed to feelings of stress than those living in all other deprivation quintile areas (9-21%). Financial situation contributed to feelings of stress for almost a fifth of those living in the most deprived areas (17%) compared with 8% of those living in the least deprived areas.

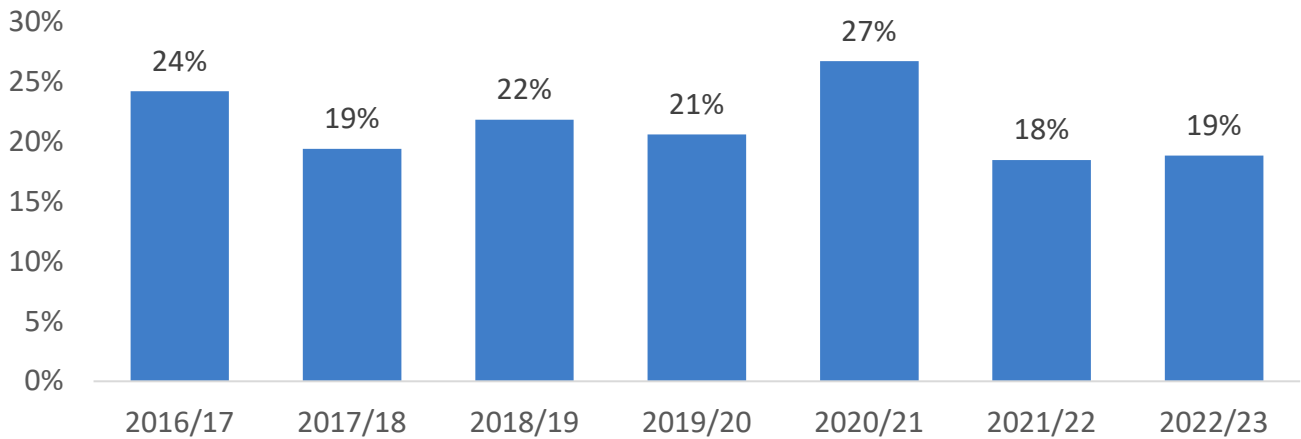
Over a tenth (14%) of respondents said that they felt no stress in their day-to-day life. While this was true for around a tenth of those aged 16 to 64, around a quarter (25%) of those aged 65 to 74 and a third (33%) of those aged 75+ reported no stress in their day-to-day lives.

Loneliness

In 2022/23, around a fifth of respondents (19%) exhibited signs of loneliness by scoring highly on the UCLA loneliness scale (a score of six or more denotes showing signs of loneliness). This was similar to 2021/22 (18%).



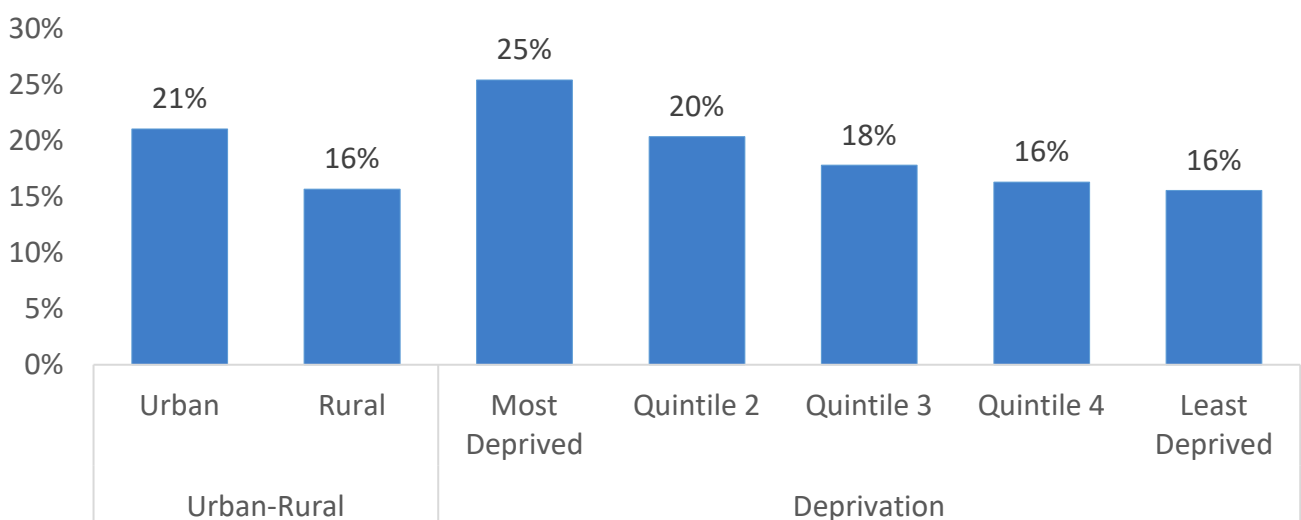
Respondents showing signs of loneliness by year



Males (17%) were less likely to show signs of loneliness than females (21%), however there was no difference by age.

Those living in urban areas (21%) were more likely to show signs of loneliness than those living in rural areas (16%). The same was true for those living in the most deprived areas (25%) compared with those living in the least deprived areas (16%).

Respondents showing signs of loneliness by urban-rural and deprivation quintile



Support from family or friends

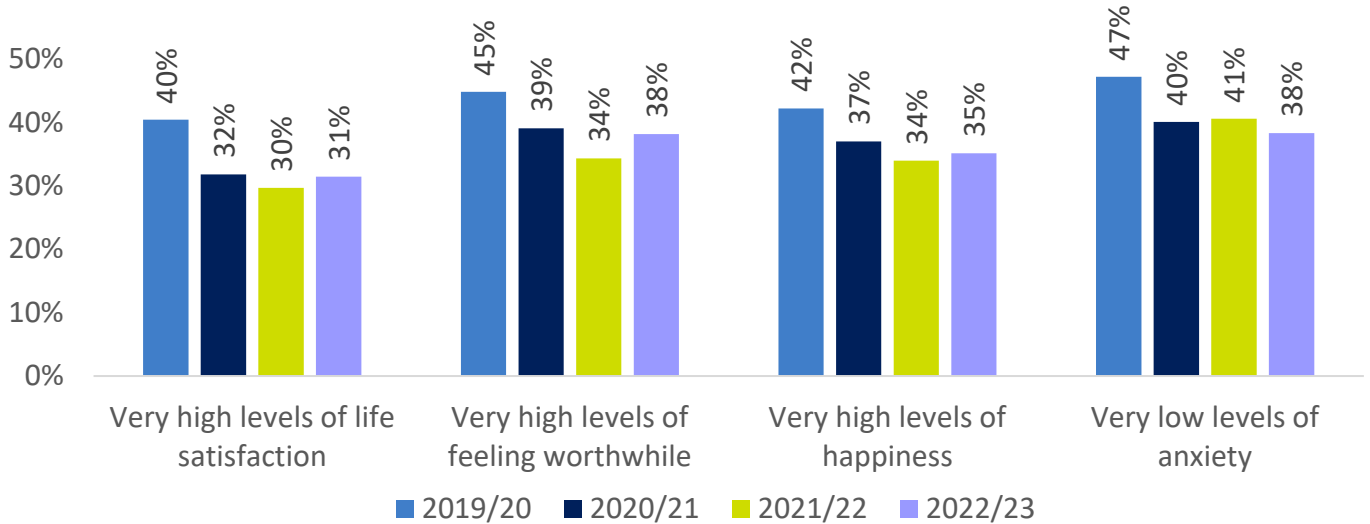
Most respondents said that it was certainly true that there were people among their family or friends who could be relied on no matter what happens (87%). Almost a quarter (24%) of respondents felt they had more support from people over the last twelve months, with a small proportion (6%) reporting less support.

Wellbeing

In 2022/23 the proportion of respondents reporting very high levels of happiness (35%) and satisfaction with life (31%) and very low levels of anxiety (38%) were similar to findings in 2021/22. The proportion reporting very high levels of feeling the things they do in life are worthwhile (38%) increased from 34% in 2021/22. All these rates remain below pre-pandemic levels.



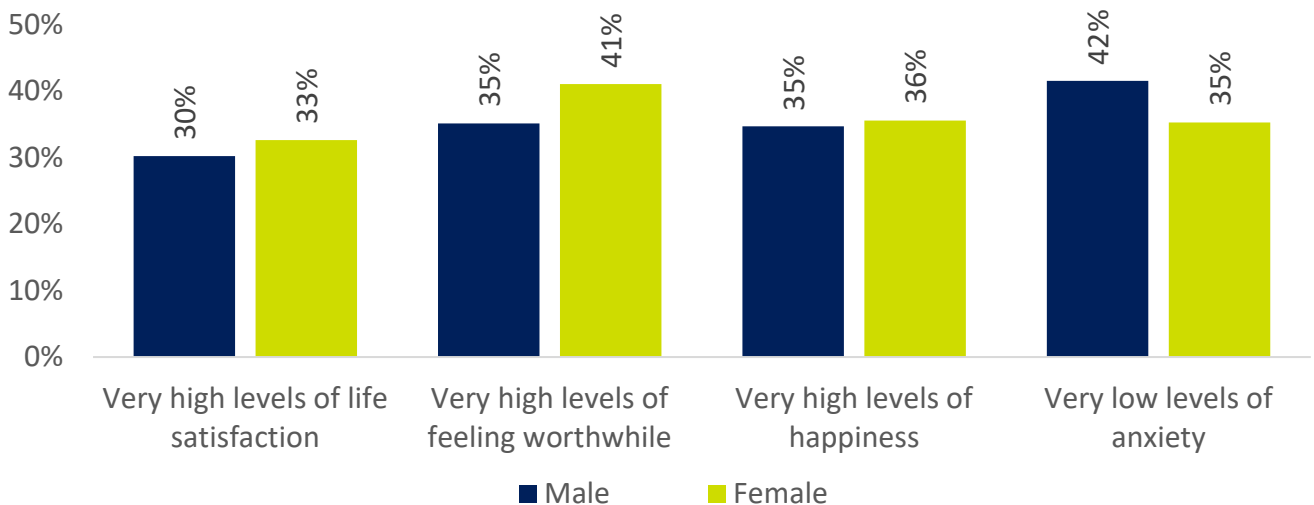
Wellbeing – 2019/20, 2020/21, 2021/22 and 2022/23 compared



Wellbeing by sex

Females (41%) were more likely than males (35%) to report very high levels of feeling worthwhile. Males (42%) were more likely than females (35%) to report very low levels of anxiety, while females (26%) were more likely than males (18%) to report high levels of anxiety.

Wellbeing by sex

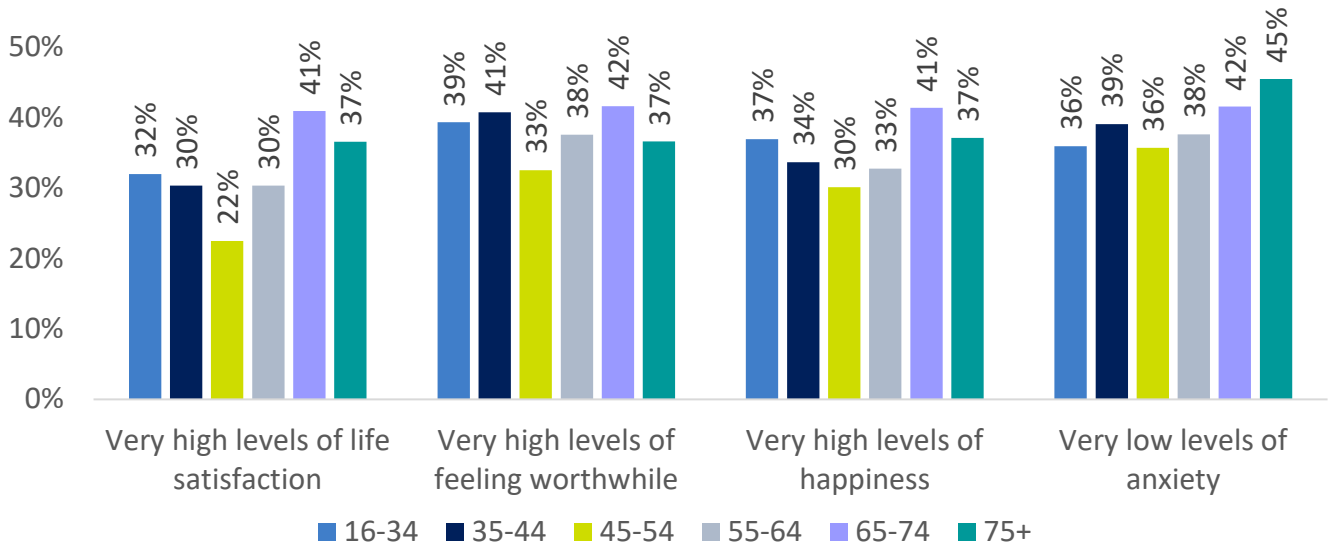


There were no differences by sex in reporting very high levels of life satisfaction or happiness.

Wellbeing by age

Respondents aged 45-54 (22%) were less likely to report very high levels of life satisfaction than all other age-groups. Respondents aged 75+ (45%) were more likely to report very low levels of anxiety than those aged 16-64.

Wellbeing by age

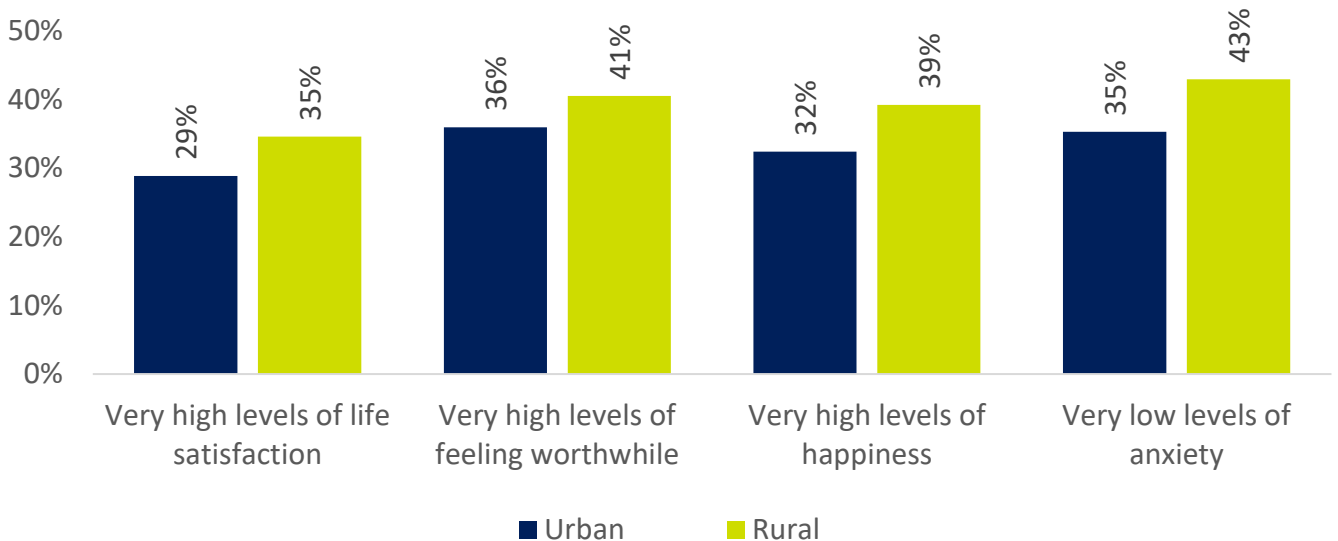


Wellbeing by deprivation and urban-rural location

Those living in the least deprived areas were more likely to report very high levels of life satisfaction (35%) than those in the most deprived areas (25%), although there were no significant differences in very high levels of feeling worthwhile and happiness, and very low levels of anxiety.

Those living in rural areas were more likely to report very high levels of life satisfaction, feeling worthwhile and happiness and very low levels of anxiety (43%) than those in urban areas.

Wellbeing – Urban and rural areas compared



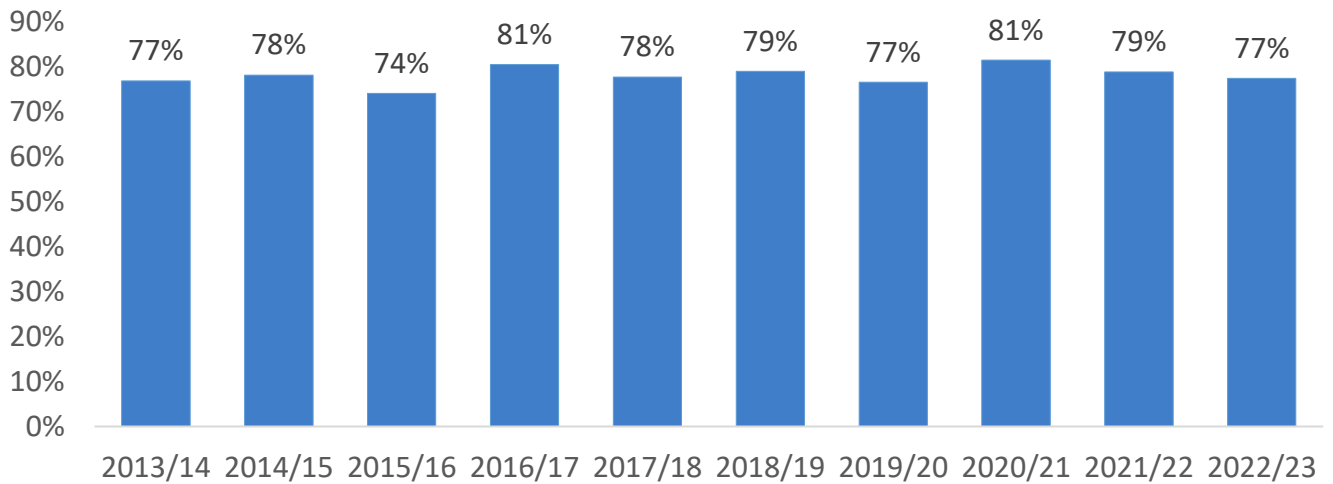
Alcohol

Drinking prevalence

In 2022/23, over three-quarters (77%) of adults aged 18 and over reported that they drank alcohol. This was similar to 2020/21 (79%).



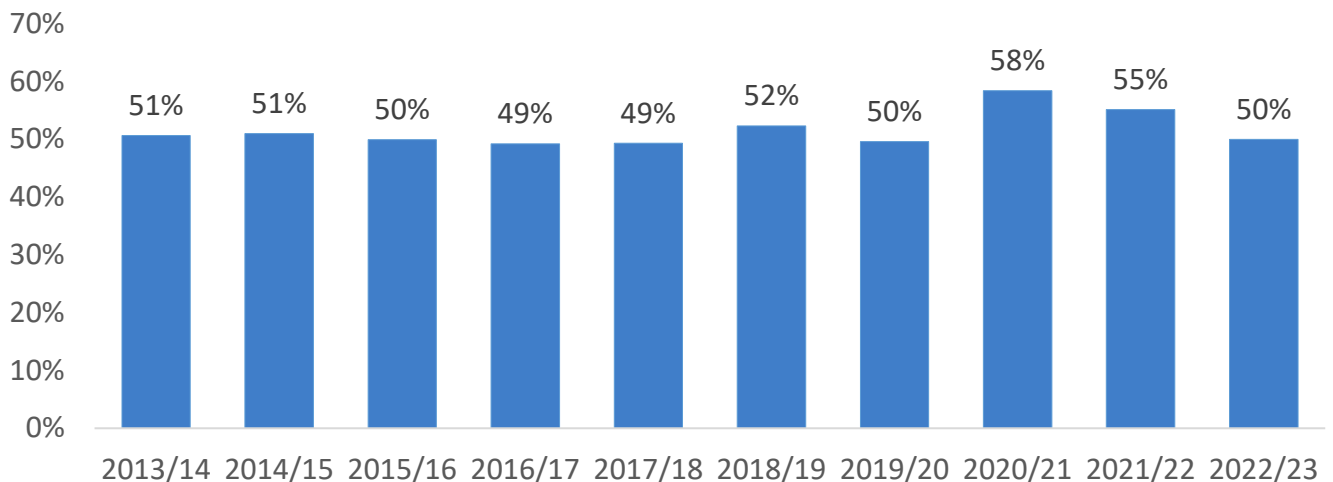
Drinking prevalence by year



Frequency of drinking

Half (50%) of drinkers reported drinking at least once a week. This was down from 55% in 2021/22 and marked a return to pre-pandemic levels.

Drinking alcohol at least once a week by year



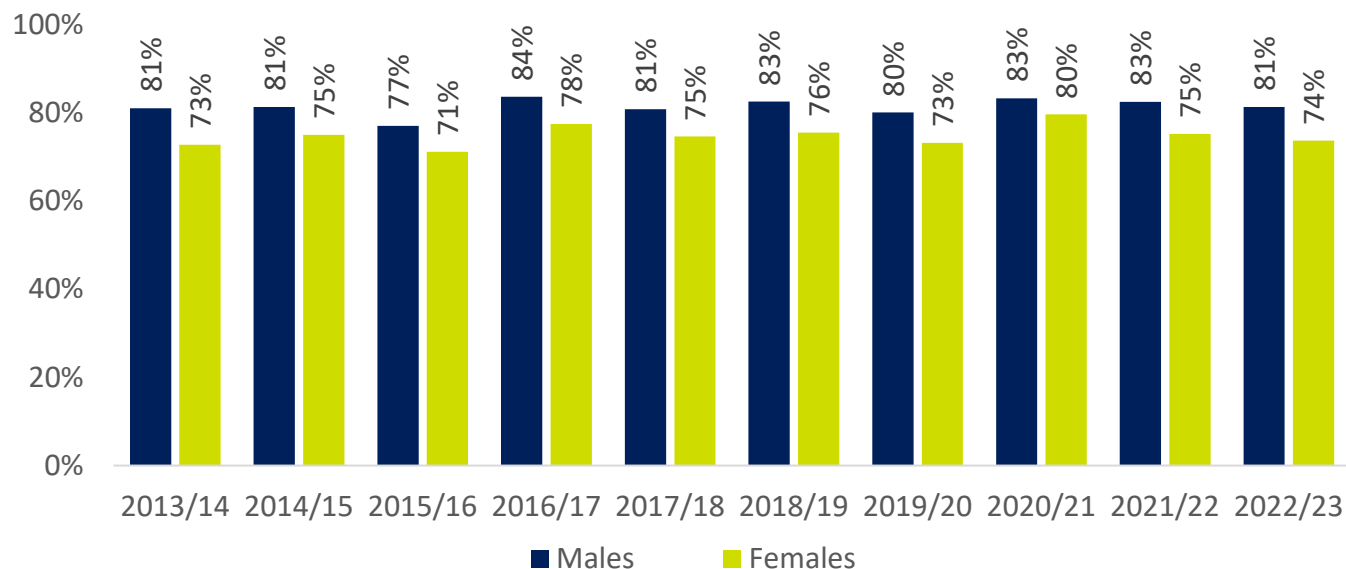
Three-fifths of drinkers (61%) reported that over the last twelve months they had been drinking the same as before, while almost a third (30%) reported drinking less and 9% reported drinking more.

More than two-thirds (70%) of drinkers said that the number of drinking days had stayed the same over the last twelve months, while the number of days decreased for a quarter (25%) and increased for 6%. A similar pattern was seen for the amount drunk on a typical day, with over two-thirds (70%) of respondents saying the amount had stayed the same, while around a quarter (24%) of respondents said the amount had decreased and 6% reported an increase.

Drinking by sex

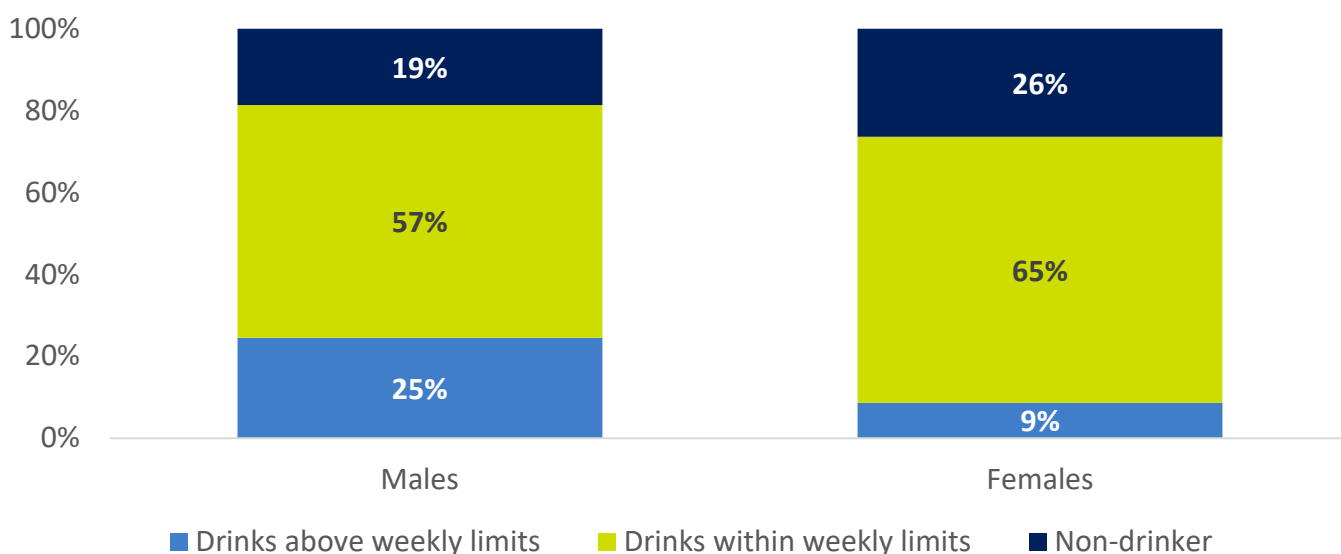
In 2022/23, over four-fifths of males (81%) and three-quarters of females (74%) were drinkers. This was similar to 2021/22.

Drinking prevalence by sex



The Department of Health recommends not exceeding 14 units per week for both males and females. A quarter of male respondents (25%) reported drinking above recommended weekly limits, while this was true for almost a tenth of female respondents (9%). The proportions drinking above weekly limits was similar to findings in 2019/20 (males 26%; females 9%).

Drinking within recommended weekly limits by sex



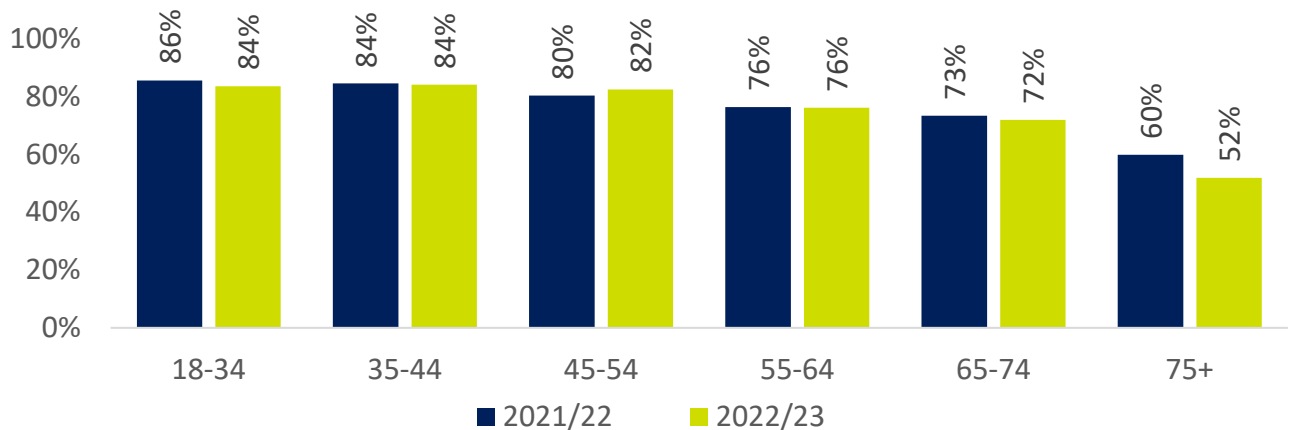
Male drinkers (16%) were more likely than female drinkers (10%) to report drinking on three or more days per week. Almost three-fifths (57%) of male drinkers drank at least once a week compared with 42% of female drinkers.

Drinking by Age

Drinking prevalence tends to decrease with age with over four-fifths of those aged 18 to 54 reporting drinking alcohol, while around three-quarters of those aged 55 to 74 and around half of those aged 75+ do so.

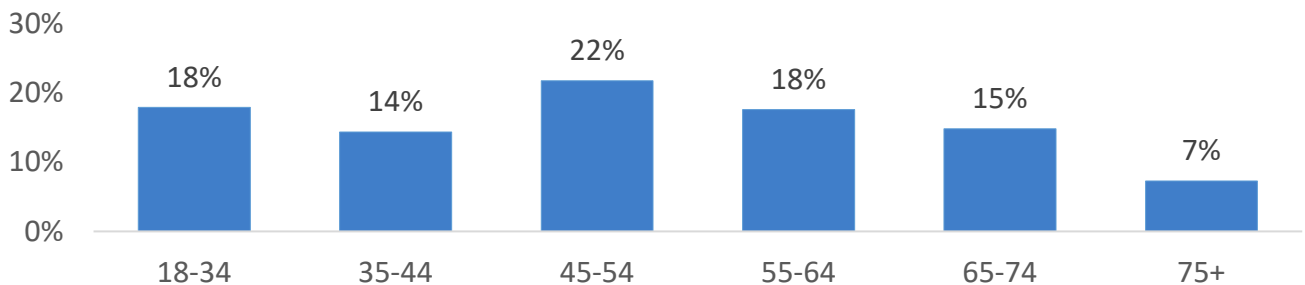
Drinking prevalence was similar for all age-groups to those seen in 2021/22, except for those aged 75+ which had decreased from 60% to 52% in 2022/23.

Drinking prevalence by age (2021/22 + 2022/23)



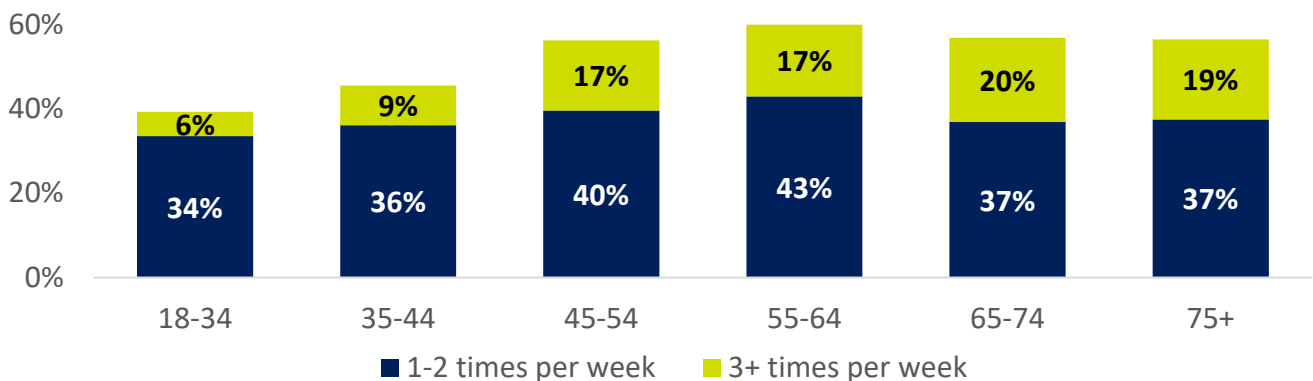
Those aged 75+ were less likely to drink above recommended weekly limits for alcohol than all other age groups.

Drinking above recommended weekly limits by age



The proportion of drinkers that drank at least once a week increased with age from under two-fifths (39%) of 18 to 34 year olds, up to around three-fifths of those aged 45 to 75+. Those aged 18 to 34 were less likely to drink alcohol three or more times a week than all other age groups.

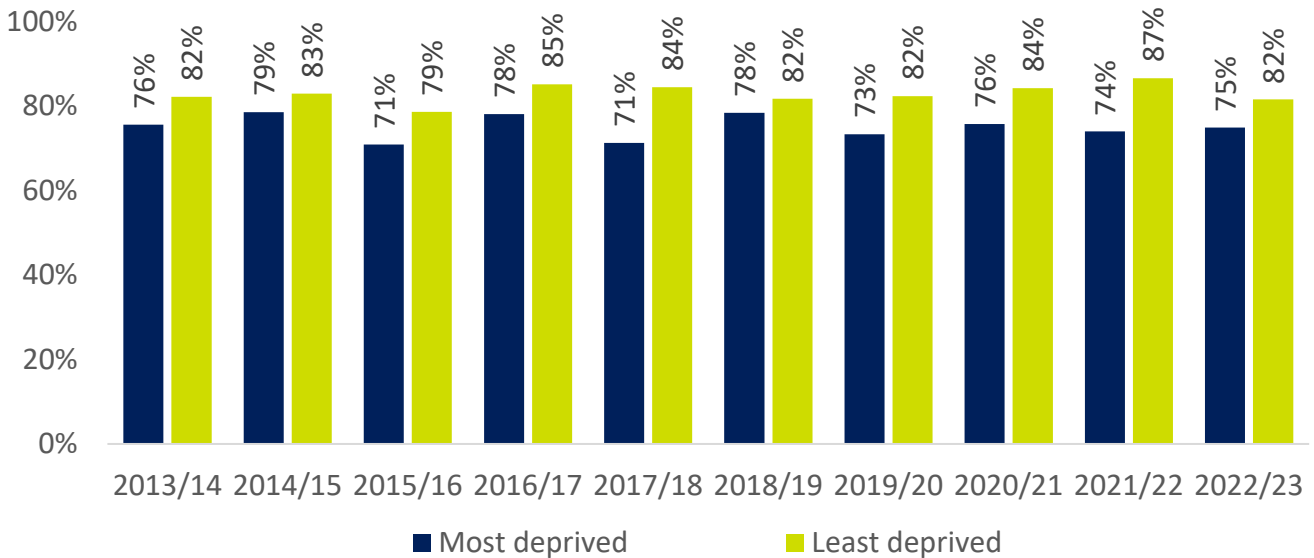
Frequency of drinking by age



Drinking by Deprivation

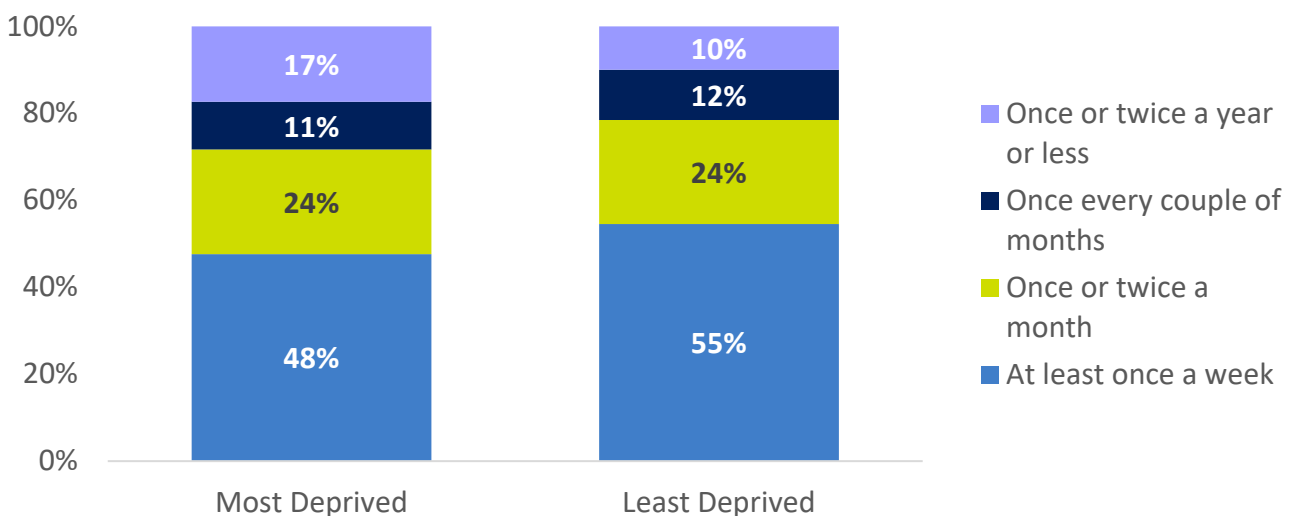
In 2022/23, over four-fifths (82%) of those living in the least deprived areas were drinkers (down from 87% in 2021/22), while three-quarters (75%) of those living in the most deprived areas reported drinking alcohol (similar to recent years).

Drinking prevalence by deprivation quintile by year (most and least deprived areas compared)



In 2022/23, over half (55%) of drinkers living in the least deprived areas drank alcohol at least once a week (down from 67% in 2021/22). This compares with under half (48%) of drinkers living in the most deprived areas (no change from 2021/22). However, there was no significant difference in relation to drinking above recommended levels. Those in the most deprived areas (17%) were almost twice as likely to only drink alcohol once or twice a year or less than those in the least deprived areas (10%).

Frequency of drinking by deprivation quintile (most and least deprived areas compared)

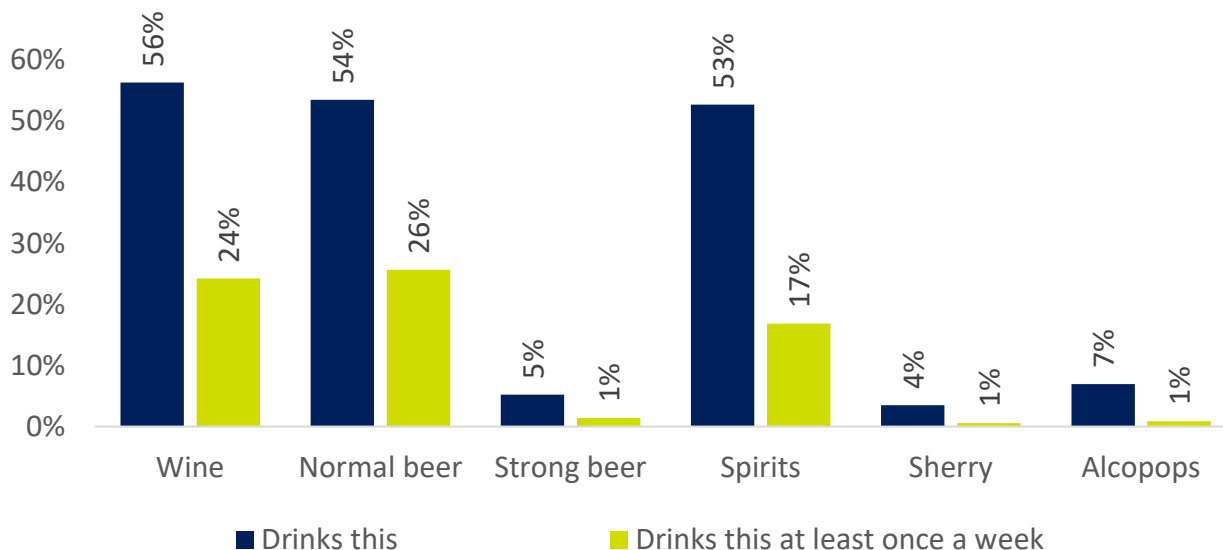


More than a third (35%) of drinkers living in the least deprived areas said that they were drinking less over the last twelve months compared with 27% of those in the most deprived areas.

Type of alcoholic drinks consumed by adult drinkers aged 18+

In 2022/23, the most popular types of alcoholic drink were wine (consumed by 56% of drinkers aged 18+), normal strength beer (54%) and spirits (53%). Around a quarter of adult drinkers aged 18+ consumed normal beer (26%) or wine (24%) at least once a week, with almost a fifth drinking spirits (17%) at least weekly.

Type of alcoholic drinks consumed by adult drinkers aged 18+

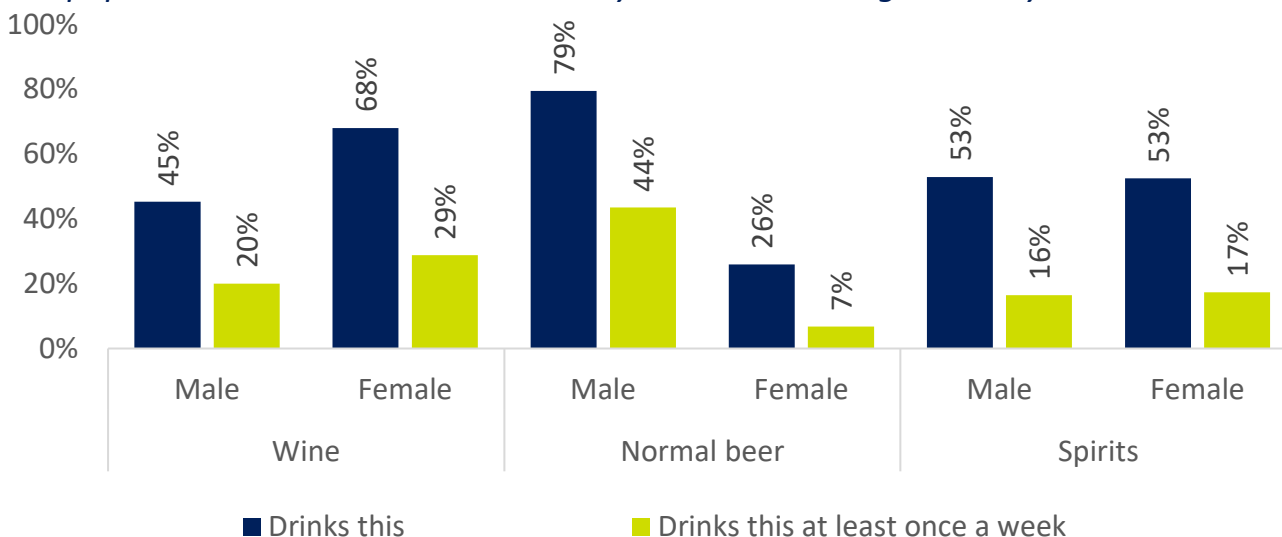


Most popular alcoholic drinks consumed by adult drinkers aged 18+ by sex

Around two-thirds of female drinkers aged 18+ (68%) drank wine compared with under half (45%) of male drinkers aged 18+. Male drinkers aged 18+ (79%) were around three times as likely as female drinkers aged 18+ (26%) to drink normal strength beer. Similar proportions of male and female drinkers aged 18+ (53%) drank spirits.

More than two-fifths (44%) of male drinkers aged 18+ drank normal strength beer at least once a week, while under a third (29%) of female drinkers aged 18+ drank wine at least once a week.

Most popular alcoholic drinks consumed by adult drinkers aged 18+ by sex



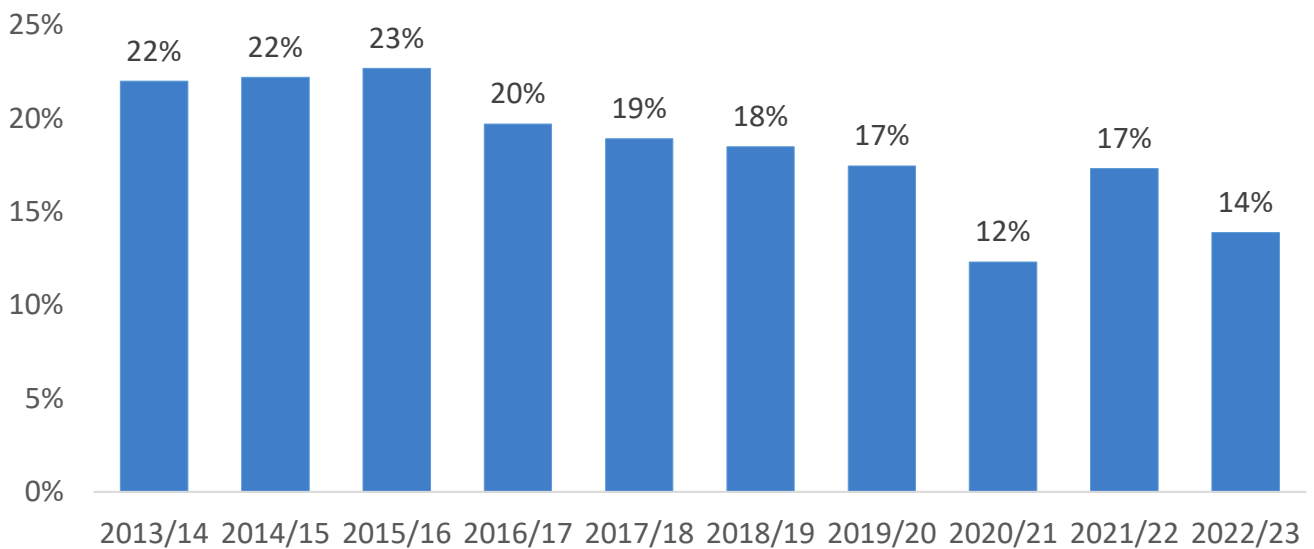
Smoking

Smoking prevalence

In 2022/23, 14% of adults smoked cigarettes; this is a decrease compared with the 2021/22 finding of 17%. Smoking prevalence has decreased from 22% in 2013/14.



Smoking prevalence by year



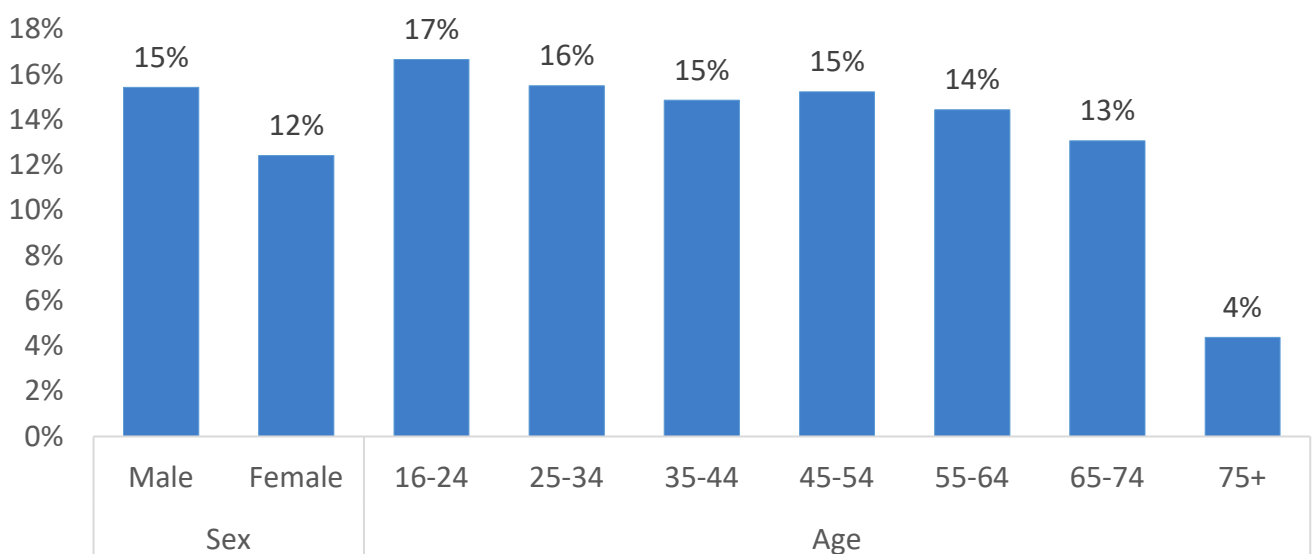
Smoking by sex

The proportion of males (15%) and females (12%) that smoked in 2022/23 both fell from 2021/22 (when 20% of males and 15% of females smoked).

Smoking by age

The proportion of respondents that smoked was similar across all age groups (13%-17%), with the exception of those aged 75+ (which was lower at 4%).

Smoking prevalence by sex and age



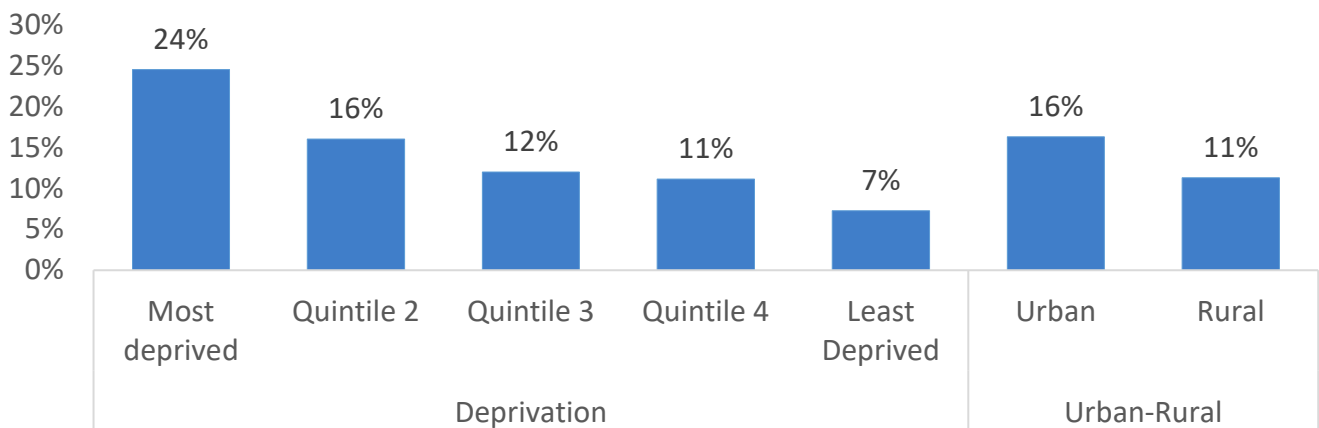
Smoking by deprivation

Under a quarter (24%) of those living in the most deprived areas smoke (down from 34% in 2013/14) compared with 7% of those living in the least deprived areas (down from 12% in 2013/14).

Smoking by urban-rural

The proportion of respondents in urban areas that smoke was 16% (down from 20% in 2021/22), which compares with 11% of those living in rural areas (no significant change from 2021/22).

Smoking prevalence by deprivation and urban-rural



Purchase of tobacco products / Packaged or hand-rolled cigarettes

Almost three-quarters (72%) of smokers purchased tobacco products from their local shop, while 27% bought from the supermarket. Around three-fifths (62%) of smokers used packaged cigarettes (down from 69% in 2019/20), while 38% smoked hand-rolled cigarettes.

Smoking since the outbreak of Coronavirus (COVID-19) pandemic

Around two-thirds (64%) of smokers reported that since the outbreak of Coronavirus (COVID-19) pandemic, the number of cigarettes they smoked was about the same as before, while 15% reported smoking less and around a fifth (21%) reported smoking more.

Changes to smoking due to Coronavirus

A quarter (24%) of smokers reported that since the outbreak of the Coronavirus pandemic they had felt more motivated to quit smoking. Almost a fifth (19%) reported that they had tried to reduce the number of cigarettes they smoked, while 13% tried to quit smoking and 10% reported that they had tried e-cigarettes. However around two-thirds (62%) of smokers reported that they had made no change to their smoking behaviour.

Statements about smoking

Almost all respondents supported the ban on smoking in cars when children are present (99%), and the vast majority agreed that children are more at risk from passive smoking than adults (90%). Over four-fifths (82%) agreed that outdoor areas commonly used by children, such as playgrounds and beaches, should be smoke free. Three-quarters (75%) of respondents agreed that babies exposed to passive smoking are more at risk to cot death, however more than a fifth (22%) of respondents said that they did not know if this was true.

e-cigarettes

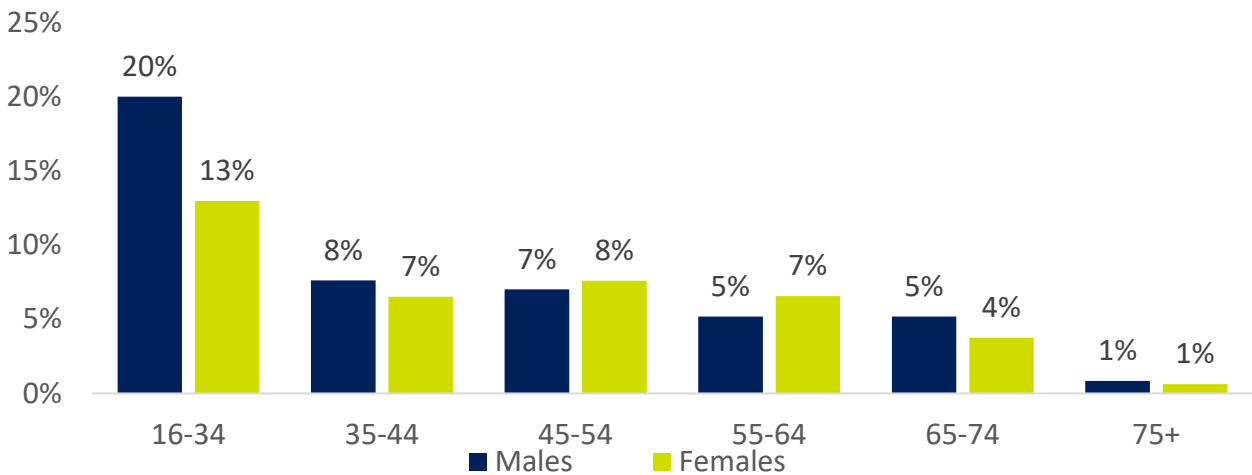
In 2022/23, 9% of adults were using e-cigarettes or vaping devices (up from 7% in 2021/22). Males (10%) were more likely than females (8%) to report using e-cigarettes or vaping devices.

e-cigarette use by sex and age

Use of e-cigarettes decreased with age, ranging from 17% of those aged 16-34 to 1% of those aged 75 and over. A fifth (20%) of males aged 16-34 used e-cigarettes or vaping devices.



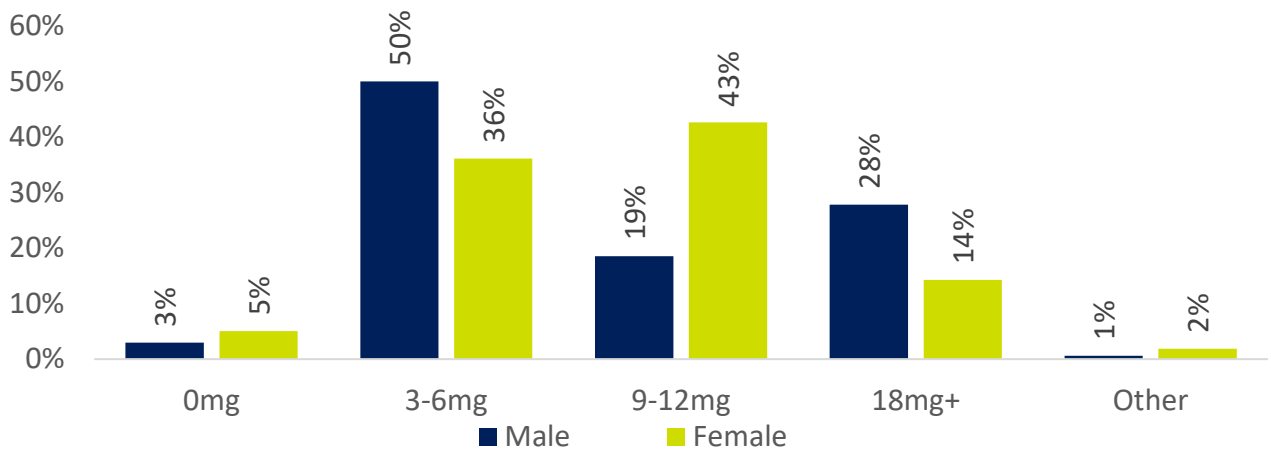
e-cigarette use by sex and age



Strength of cartridge by sex

Although the number of current e-cigarette users in the sample is relatively small (242 respondents), there were still significant findings noted in relation to the strength of cartridge used. Males (28%) were twice as likely as females (14%) to use stronger cartridges (18mg+ nicotine) in their e-cigarettes or vaping devices; males (50%) were also more likely than females (32%) to use lower strength nicotine cartridges (3-6mg nicotine).

Strength of cartridge by sex



Around three-fifths (58%) of users said that the strength of cartridge they used had remained the same, while it had reduced in strength for around a quarter (23%) of users and increased for 6%.

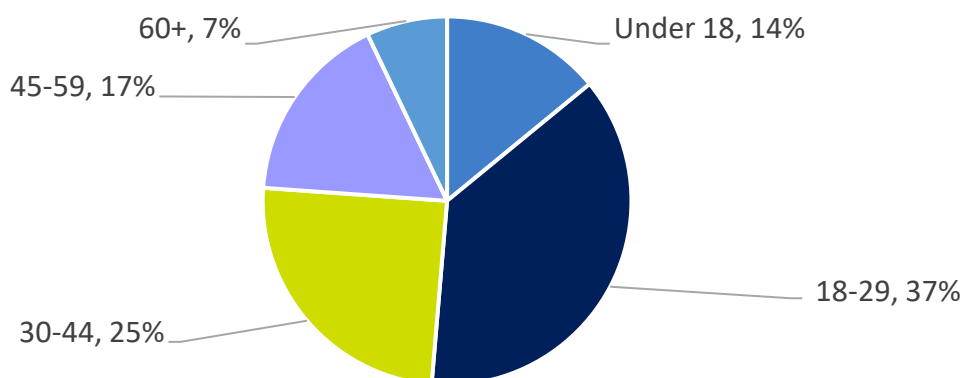
e-cigarette use by deprivation and urban-rural area

Those living in the most deprived areas (13%) were almost twice as likely to use e-cigarettes than those in the least deprived areas (7%). Similarly, those living in urban areas (11%) were more likely to use e-cigarettes than those living in rural areas (6%).

Age first started

Of those that had ever used e-cigarettes regularly, more than a third (37%) had started aged 18-29, while a further quarter had started while aged 30-34. For 14% of respondents, their use of e-cigarettes had started while they were aged under 18.

Age first started using e-cigarettes



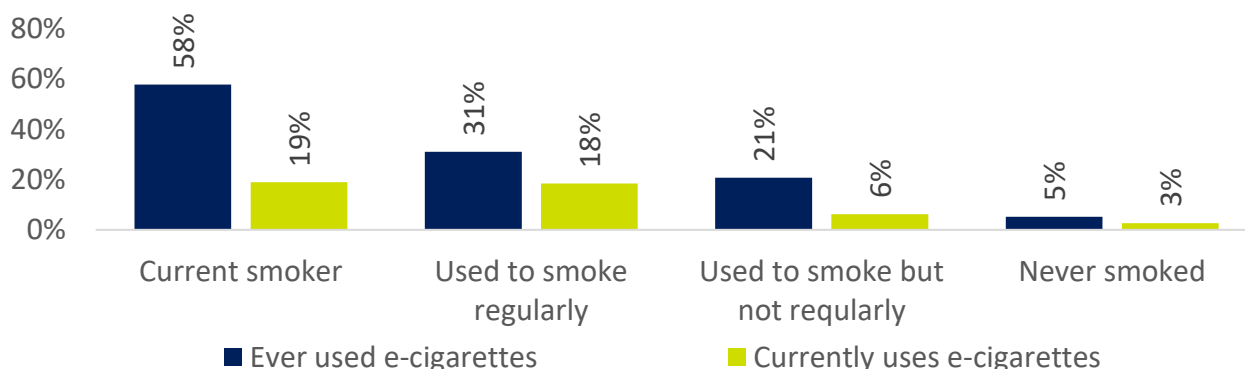
Of those that had ever used e-cigarettes regularly, a third (33%) had been using them for one year or less, while a similar proportion (34%) had been using them for two to three years.

Those respondents who were current or ex-smokers and current or ex-e-cigarette users were asked if they had started using e-cigarettes before, after or at the same time as smoking cigarettes. The majority of these (88%) had started using e-cigarettes after they had started smoking cigarettes, while 9% started using e-cigarettes at the same time as smoking cigarettes. A small proportion (3%) started using e-cigarettes before smoking cigarettes.

e-cigarette use by smoking status

Around three-fifths (58%) of current smokers have ever used e-cigarettes with almost a fifth (19%) currently using them. A third (31%) of those that used to smoke regularly had ever used e-cigarettes with under a fifth (18%) currently using them.

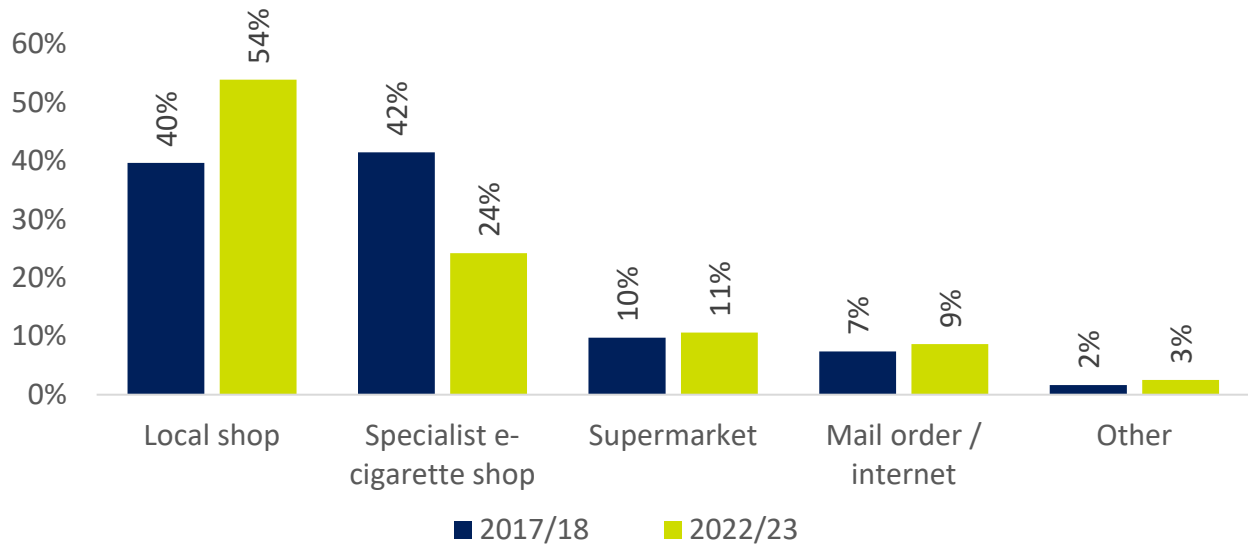
e-cigarette use by smoking status



Where e-cigarette users purchase their e-cigarettes

More than half (54%) of current e-cigarette users buy their e-cigarettes from their local shop, while a quarter (24%) buy from a specialty shop and 11% from the supermarket.

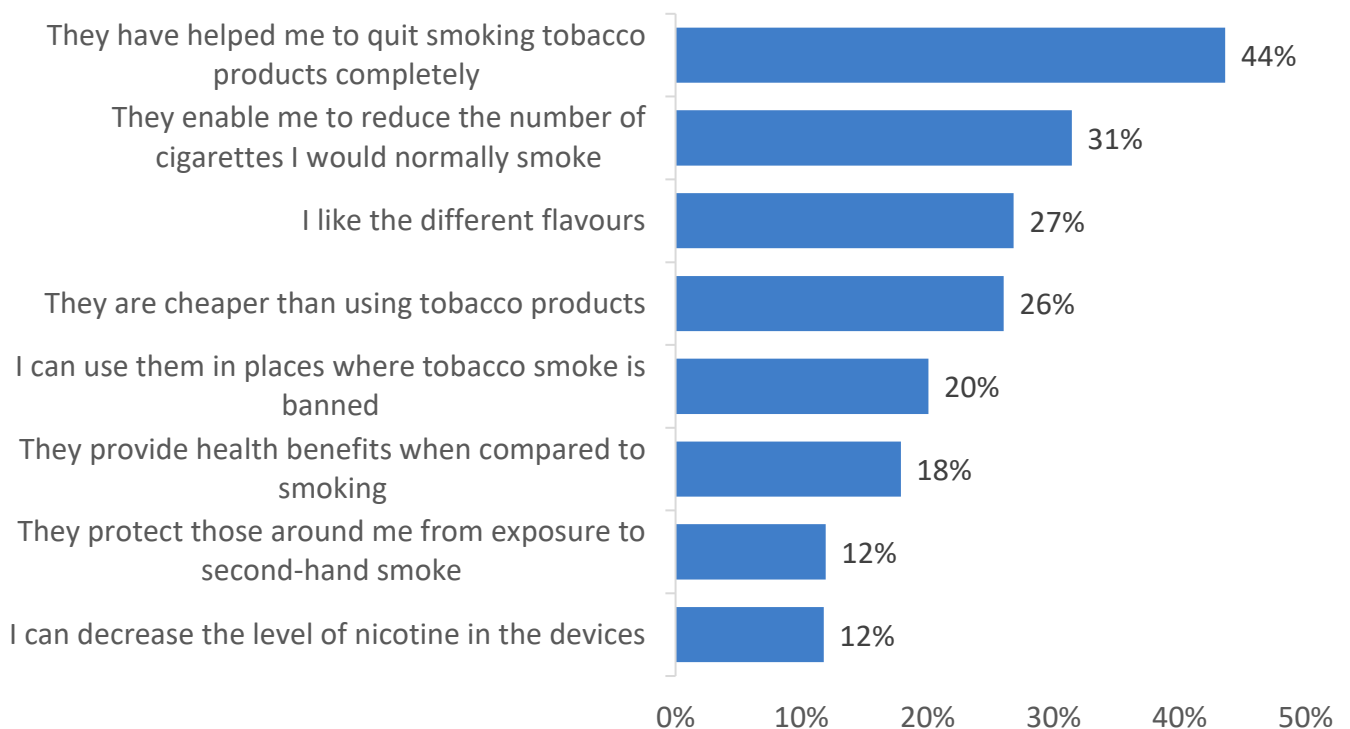
Where e-cigarettes purchased (2017/18 and 2022/23 compared)



Reasons for using e-cigarettes or vaping devices given by current users and ex-users

When asked for reasons why they used e-cigarettes or vaping devices, over two-fifths (44%) said “They have helped me to quit smoking tobacco products completely”, while a third (31%) said “They enable me to reduce the number of cigarettes I would normally smoke”. Over a quarter reported that they liked the different flavours (27%), and they are cheaper than using tobacco products (26%).

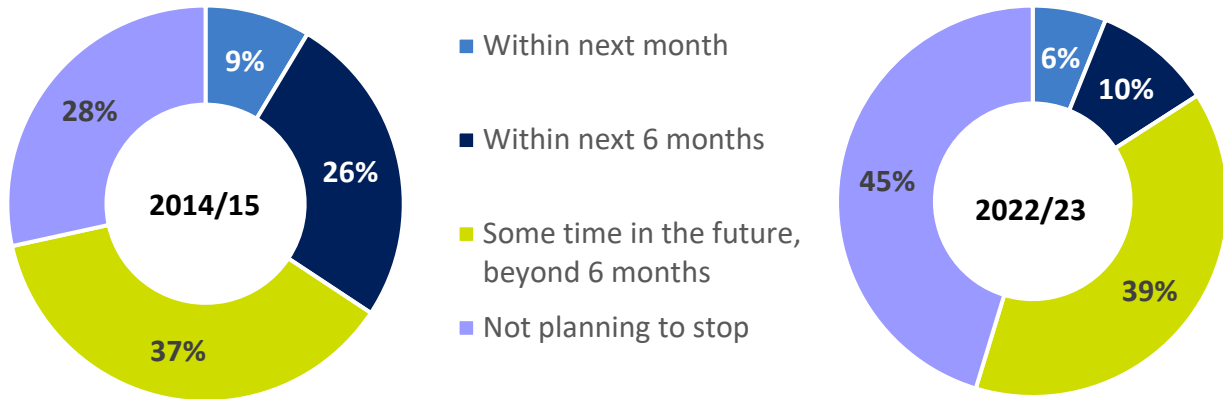
Most popular reasons given for e-cigarette use



Plans to stop using e-cigarettes or vaping devices

In 2022/23, around two-fifths (45%) of those that use e-cigarettes or vaping devices were not planning to stop using them (up from 28% in 2014/15). Around a sixth (16%) of e-cigarette users plan to stop within the next six months (down from 34% in 2014/15).

Plans to stop using e-cigarettes or vaping devices (2014/15 & 2022/23 compared)



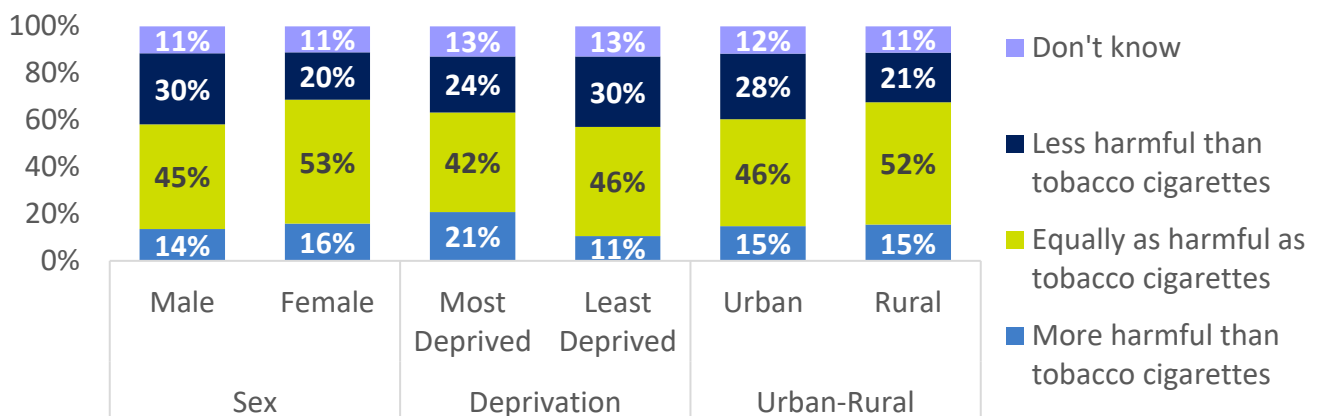
Changes to e-cigarette use since the outbreak of Coronavirus (COVID-19)

Over half (54%) of e-cigarettes users reported that the number of times they used their device had stayed the same since the outbreak of Coronavirus (COVID-19), while 9% reported decreased use and over a third (37%) noted an increase. Since the outbreak of the Coronavirus pandemic, around a fifth (19%) of e-cigarette users indicated that they had felt more motivated to quit e-cigarettes.

Opinion on harm from using e-cigarettes or vaping devices

Males (30%) were more likely to say that e-cigarettes were less harmful than tobacco cigarettes than females (20%). This was also true for those living in urban areas (28%) compared with those living in rural areas (21%). The proportion of those living in the most deprived areas (21%) to say that e-cigarettes were more harmful than tobacco cigarettes was twice that for those living in the least deprived areas (11%).

Opinion on harm from using e-cigarettes or vaping devices by sex, deprivation and urban-rural area



Attitudes to e-cigarettes

The vast majority of respondents supported the ban on sales of e-cigarettes directly to, and also for adults buying on behalf of, under 18s (97%)

Five-a-day

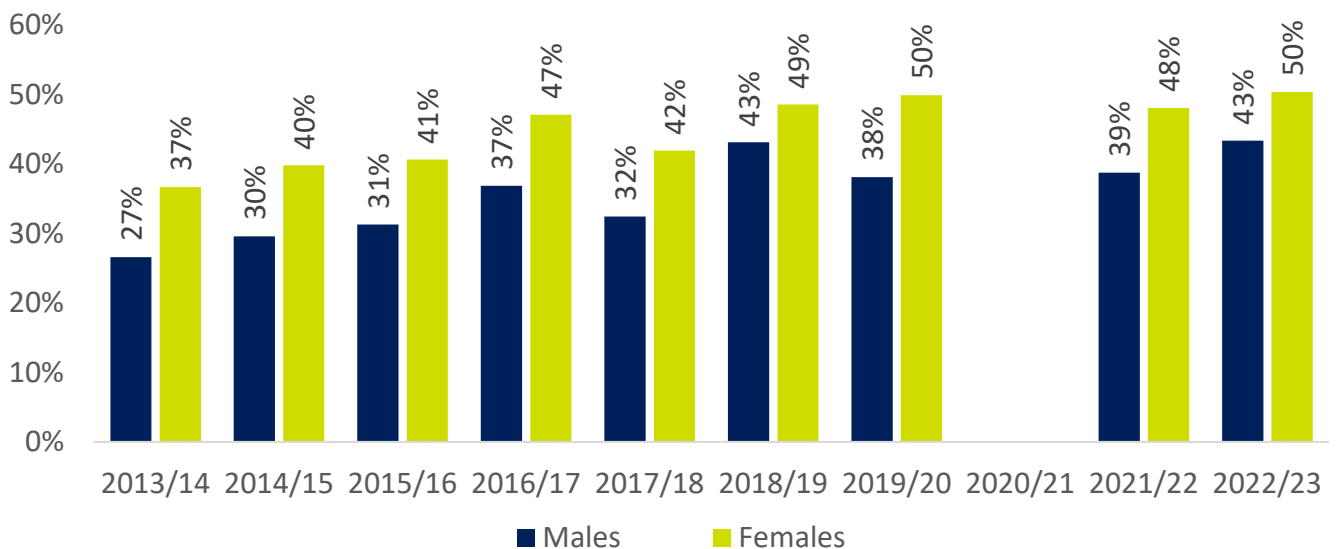
Almost half (47%) of respondents reported that they consumed 5 or more portions of fruit and vegetables per day. This was up from 44% in 2021/22.



Five-a-day by sex and age

Females (50%) remained more likely than males (43%) to consume 5 or more portions of fruit and vegetables per day.

Consuming at least 5-a-day by sex

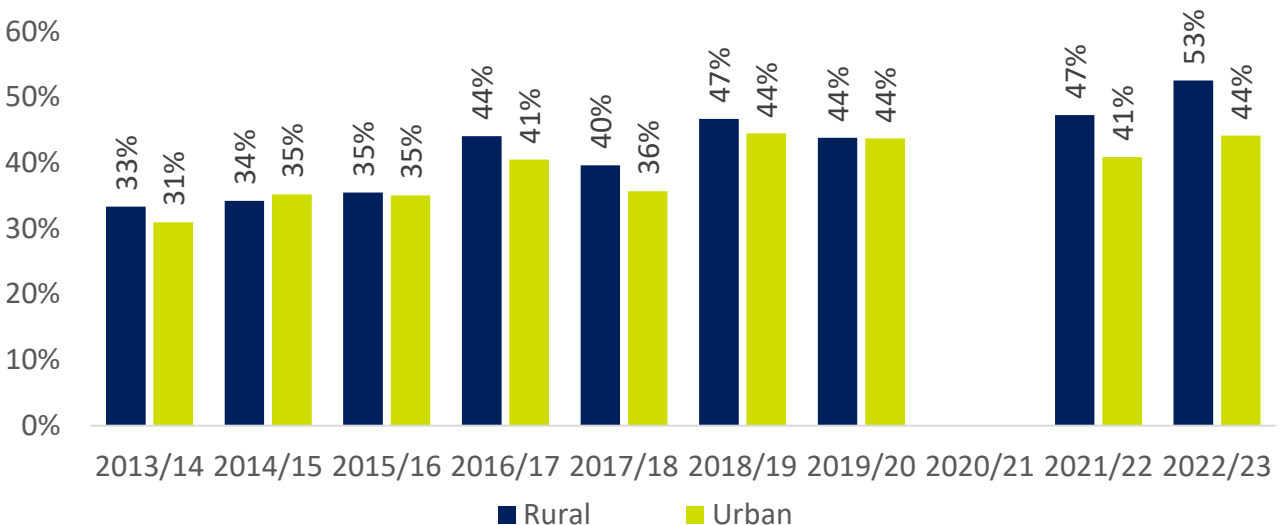


There was no significant differences in consumption of five-a-day by age.

Five-a-day by urban-rural area

Respondents living in rural areas (53%) were more likely to consume at least 5-a-day than those living in urban areas (44%), up from 33% and 31% respectively in 2013/14.

Consuming at least 5-a-day by urban-rural area

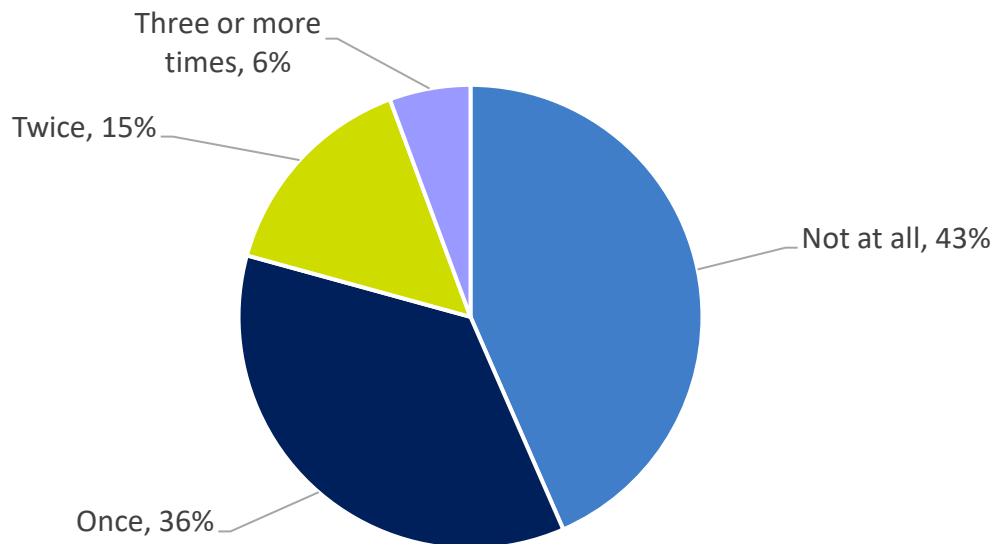


Fast food

Around two-fifths (43%) of respondents reported that they had not consumed food purchased from a fast food place in the past seven days (the same as in 2021/22). More than a third (36%) had consumed fast food once in the last week, while 21% had consumed fast food at least twice.



Number of times respondent consumed fast food in last week



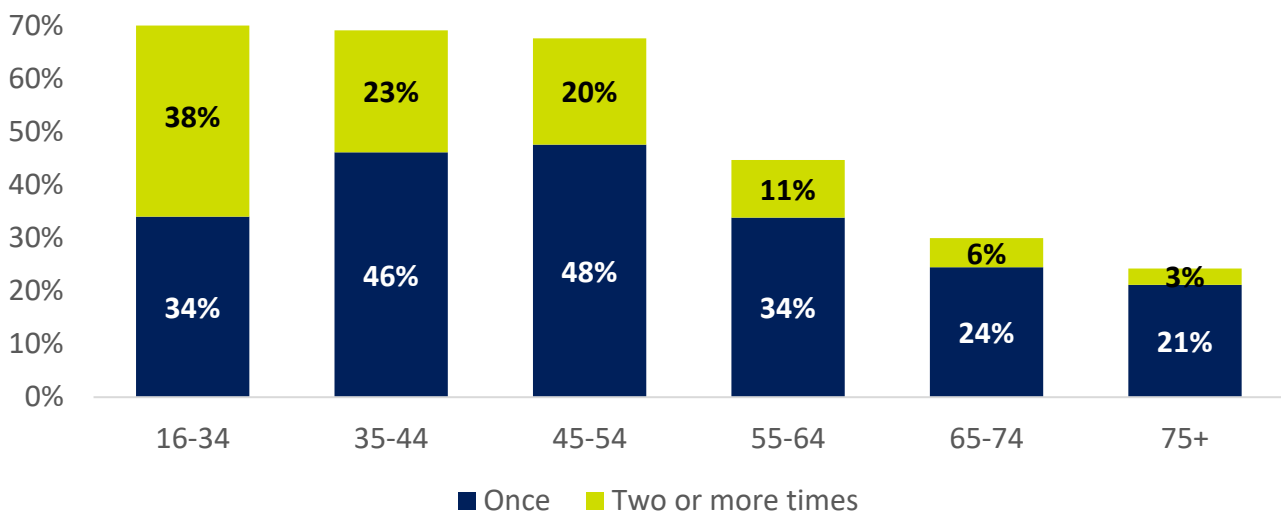
Fast food consumption by sex

Males (61%) were more likely than females (53%) to have consumed fast food in the last week (similar to 2021/22).

Fast food consumption by age

Fast food consumption decreased with age with at least two-thirds of 16-54 year olds having a takeaway in the last week compared with a quarter (24%) of those aged 75+. Similarly, those in younger age-groups were more likely to consume takeaway food more than once a week.

Fast food consumption by age



Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: 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 outposted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK 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 public health policy development through managing the public health survey function while also providing analysis and monitoring data. 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, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

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. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI 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 Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance 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. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

All images were sourced from www.pixabay.com.

The variable for Urban-Rural is broken into 3 categories: Urban, Rural and Mixed Urban-Rural. Mixed Urban-Rural is not reported in this publication as it contained 346 individuals in 2022/23 (10% of respondents). Breakdowns by Mixed Urban-Rural can be found in the accompanying tables.