

INFORMATION
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Health Survey (NI) First Results 2021/22



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An Roinn Sláinte

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Health Survey (NI): First Results 2021/22

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This publication is a summary of the main topics included in the 2021/22 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 and 2021/22 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 the 2021/22 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 in telephone mode was 47% and this is a slightly lower response compared with the normal achieved response rate of 55% in face-to-face mode. This has reduced the number of cases at the household and individual levels; the final achieved sample was 3,154 individuals. The precision of the survey estimates in the 2021/22 year is thus reduced compared with previous findings, in particular when broken down by sub-groups of the population; the accompanying trend tables outline the survey estimates and the respective confidence intervals (to note, the achieved response rate in 2020-21 was 18%).
- The demographic profile of the achieved sample has changed in comparison with previous years with more of an under-representation of people aged 16-44. The 2021/22 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 previous years were based on sex and age).

Any changes within the 2021/22 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 and 2021/22 data and comparisons with previous years as the findings may not be directly comparable with previous years.

Please note that this report is based on findings for 2021/22 and as such, individual responses to some behavioural, attitudinal and health related questions may also be impacted to a degree by which Government restrictions were in place for the pandemic at the time the interviews took place. As interviews were carried out across the period April 2021 to March 2022, the figures in the report can be regarded as a representative average across the whole year.

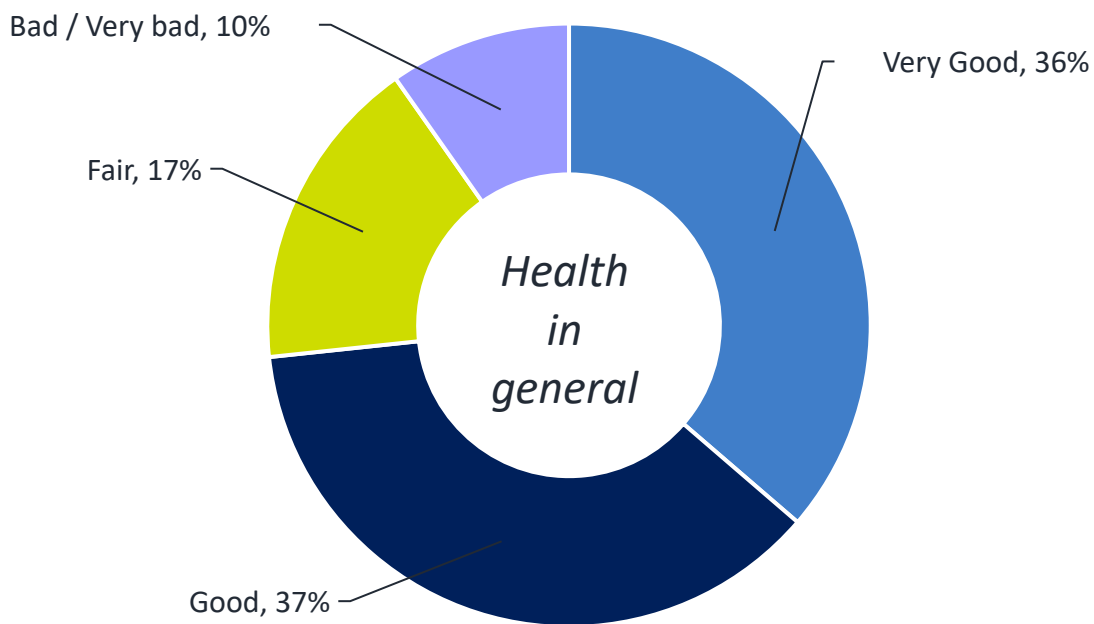
Further details on these changes can be found in a document published alongside this bulletin, titled 'Health Survey Northern Ireland - Things users need to know'.

General Health

In 2021/22, almost three-quarters of respondents (73%) rated their general health as very good or good; while this was lower than in 2020/21 (79%), it was a return to pre-pandemic levels. A tenth of respondents (10%) rated their general health as bad or very bad which was higher than in 2020/21 (6%), although similarly it marked a return to pre-pandemic levels.



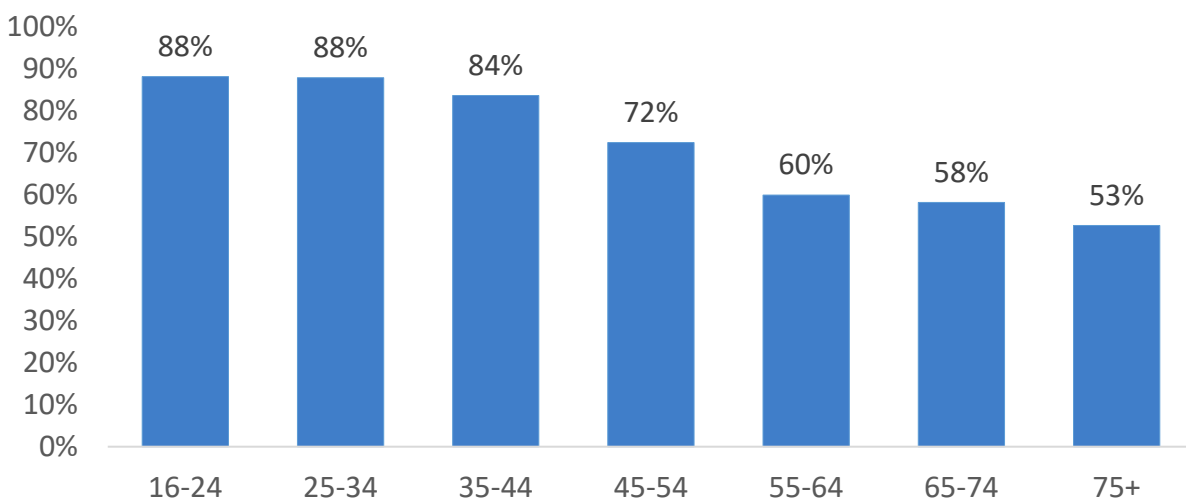
How is your health in general?



General health by Age

Very good or good self-assessed general health declined with age from 88% of 16-34 year olds to 53% of those aged 75+.

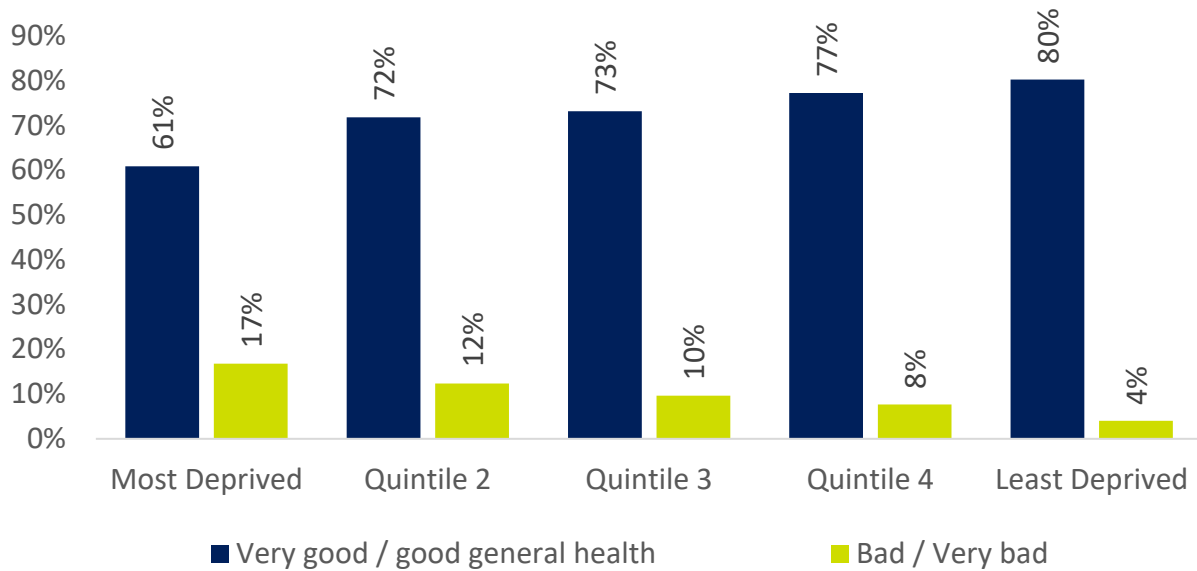
Very good / good general health by age



General health by Deprivation Quintile

Those respondents living in the most deprived areas (61%) were less likely to rate their health as good or very good than those living in any other deprivation quintile area (72% - 80%). Those living in the most deprived areas (17%) were four times as likely to rate their general health as bad or very bad compared with those living in the least deprived areas (4%).

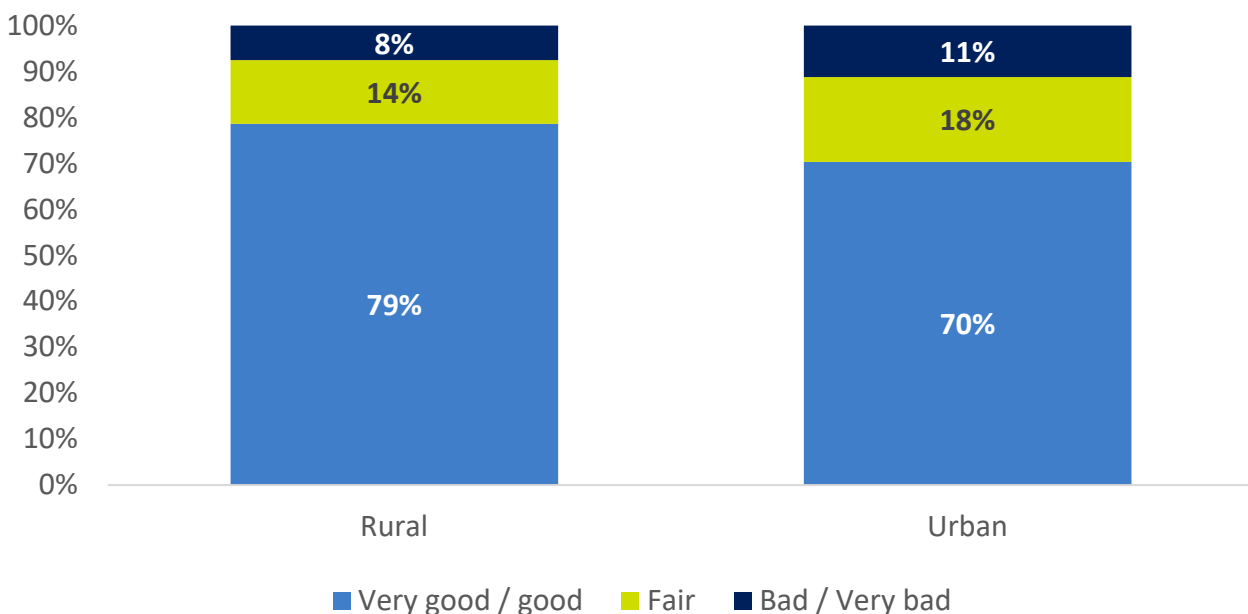
Very good / good and Bad / very bad general health by Deprivation Quintile



General health by Urban-Rural area

Around four-fifths (79%) 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.

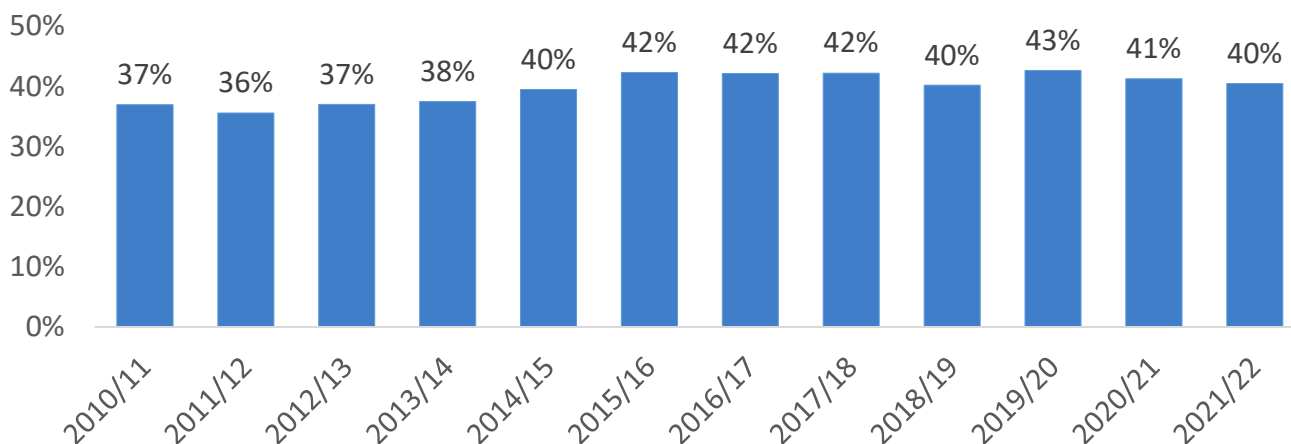
General health by Urban-Rural area



Long-term conditions

For a number of years, around two-fifths of respondents (40% in 2021/22) have reported a physical or mental health condition or illness expected to last 12 months or more. This increased with age from a quarter (25%) of those aged 16-24 to two-thirds (66%) of those aged 75 and over.

Long-term conditions by year

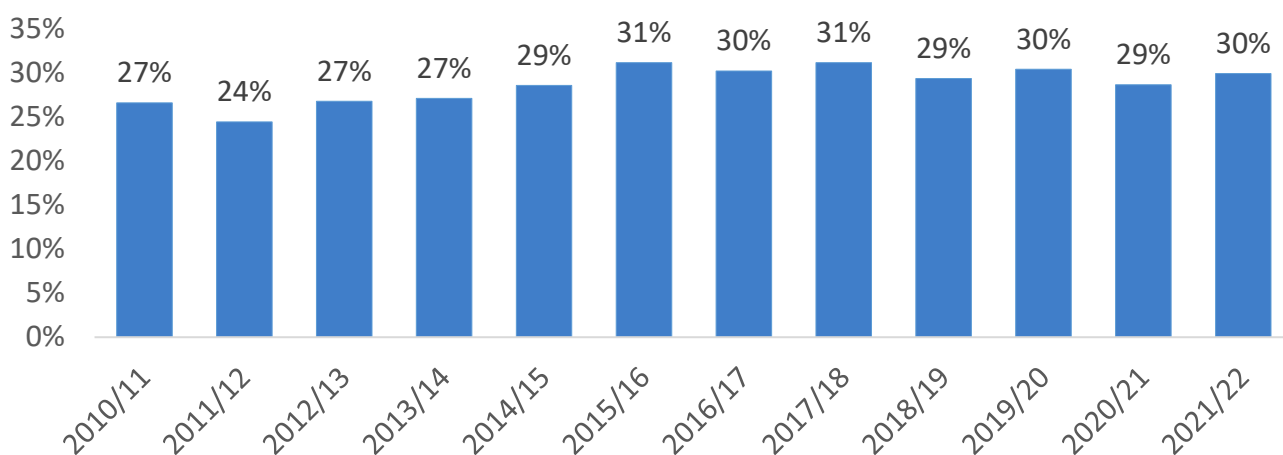


Females (44%) were more likely than males (36%) to report having a long-term condition. Almost half (48%) of those living in the most deprived areas reported a long-term condition compared with less than two-fifths (38%) of those in the least deprived areas. Those living in urban areas (44%) were more likely than those living in rural areas (34%) to report having a long-term health condition.

Limiting long-term conditions

Almost a third (30%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2020/21).

Limiting long-term conditions by year



Prevalence generally increased with age with 19% of those aged 16-24 reporting a limiting long-term condition compared with 53% of those aged 75 and over.

Most of those (93%) with limiting long-term conditions reported their ability to carry out day-to-day activities had been reduced for 12 months or more.

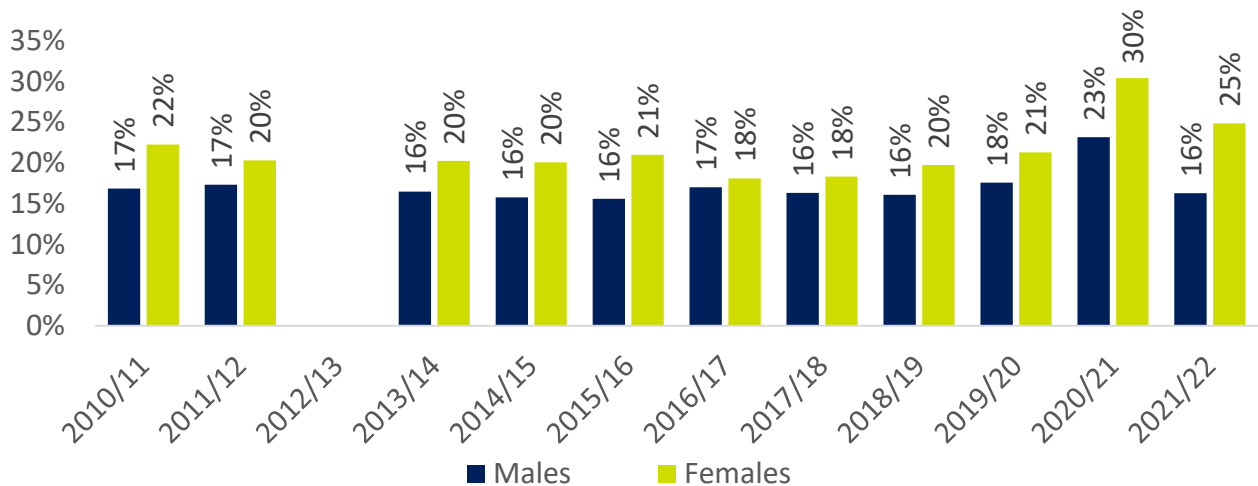
Mental Health

GHQ12

Around a fifth (21%) of respondents had a high GHQ12 score, which could indicate a mental health problem. This was significantly lower than the 27% found in 2020/21 and is similar to the pre-pandemic level of 19% in 2019/20. Males (16%) were less likely than females (25%) to have a high GHQ12 score, and whilst the proportion of males scoring highly has returned to pre-pandemic level, the proportion of females scoring highly remains higher.



High GHQ12 score by sex and year

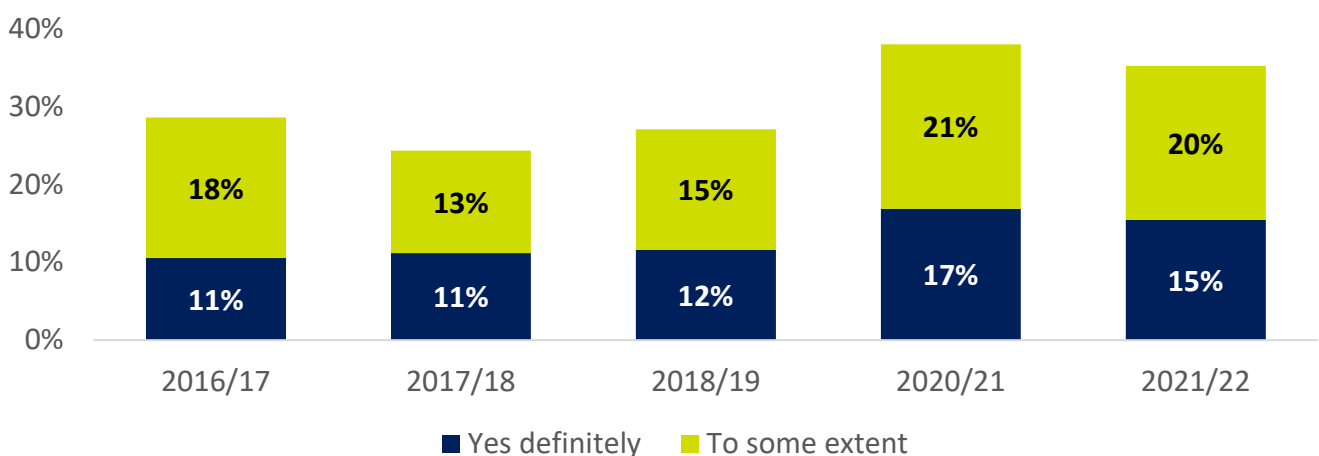


Around a third (30%) of those in the most deprived areas had a high GHQ12 score compared with a fifth (20%) of those living in the least deprived areas. Almost a quarter (24%) of those living in urban areas had a high GHQ12 score compared with 15% of those living in rural areas.

Concerns about own mental health

In 2021/22, more than a third (35%) of respondents reported having concerns about their own mental health in the past year (15% definitely; 20% to some extent). This was similar to the findings in 2020/21 (38% overall: 17% definitely & 21% to some extent).

Concerns about own mental health by year



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

Almost half (47%) of those living in the most deprived areas had concerns about their own mental health in the past year (22% definitely; 25% to some extent), compared with over a third (36%) of those living in the least deprived areas (17% definitely; 19% to some extent).

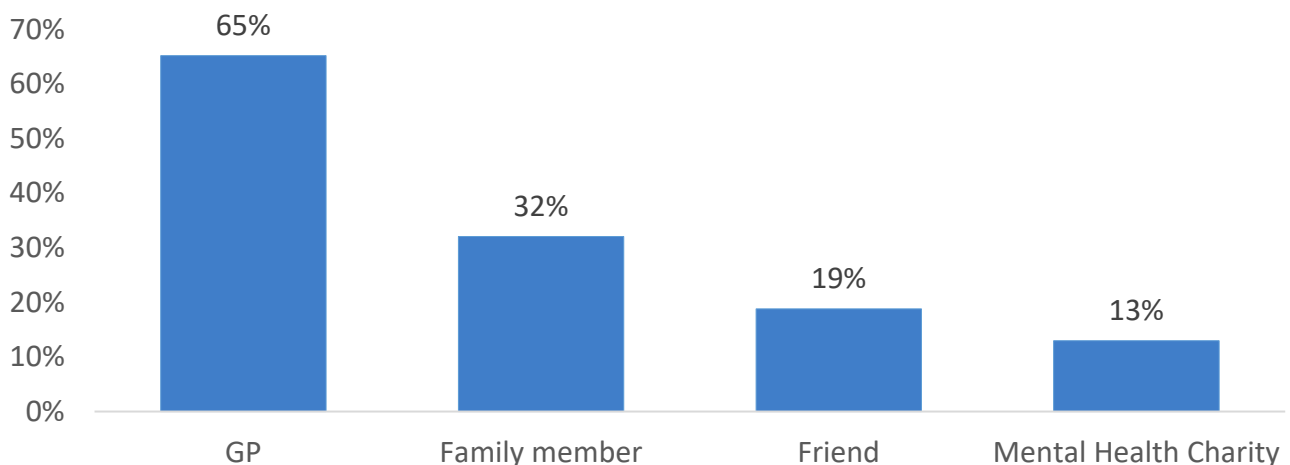
Two-fifths (40%) of those living in urban areas had concerns about their own mental health in the past year (19% definitely), compared with over a quarter (28%) of those living in rural areas (11% definitely).

Seeking help for concerns about own mental health

Just over half (53%) of those who had concerns for their mental health (both definitely and to some extent) in the past year had sought help from someone. Females (56%) were more likely than males (49%) to have sought help.

Around two-thirds of those who sought help talked to their General Practitioner, while a third (32%) sought help from a family member and a fifth (19%) 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 77% of those who did not seek help).

Mental health over last twelve months

Over two-thirds (70%) of respondents felt that their mental health had stayed the same over the last twelve months, while 12% thought that it had got better and 18% thought it had got worse.

More than a quarter (27%) of those living in the most deprived areas felt their own mental health had got worse in the last twelve months, compared with 17% of those living in the least deprived areas.

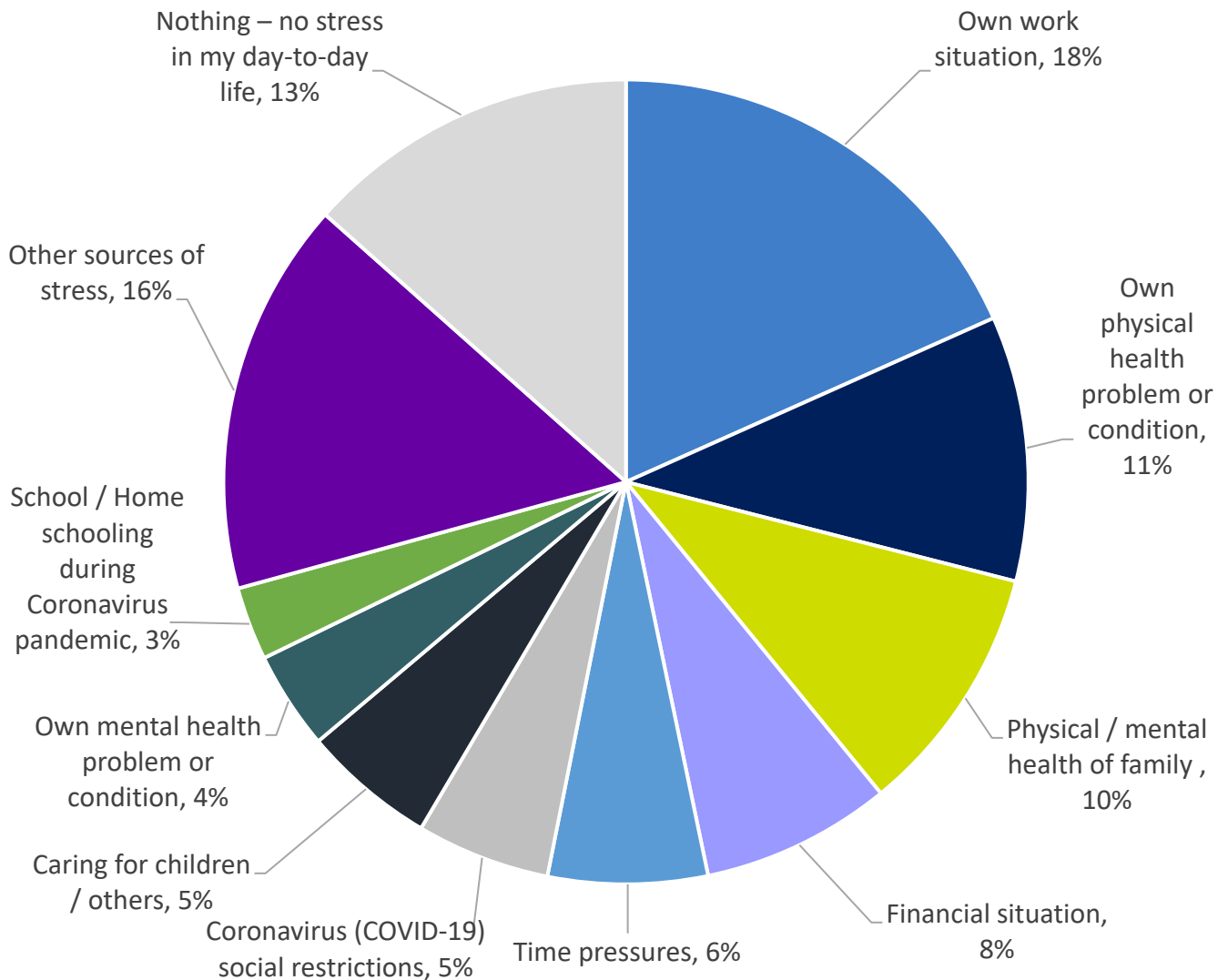
Over a fifth (21%) of those living in urban areas felt their own mental health had got worse in the last twelve months, compared with 13% of those living in rural areas.

Stress in day-to-day life

In 2021/22, 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%), own physical health problem or condition (11%), physical / mental health of family (10%), financial situation (8%) and time pressures (6%).



Sources of stress in day-to-day life



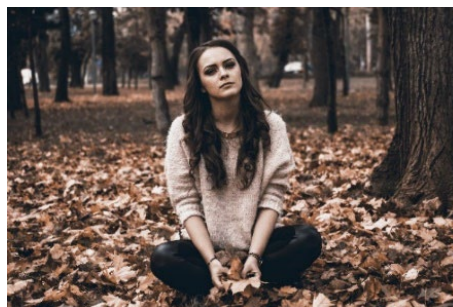
Males were more likely than females to indicate that their own work situation and financial situation were the most important thing contributing to feelings of stress, while females were more likely than males to report physical / mental health of family and caring for children / others.

Those respondents living in the least deprived areas were more likely to say that their own work situation (24%) contributed to feelings of stress than those living in all other deprivation quintile areas (15-18%).

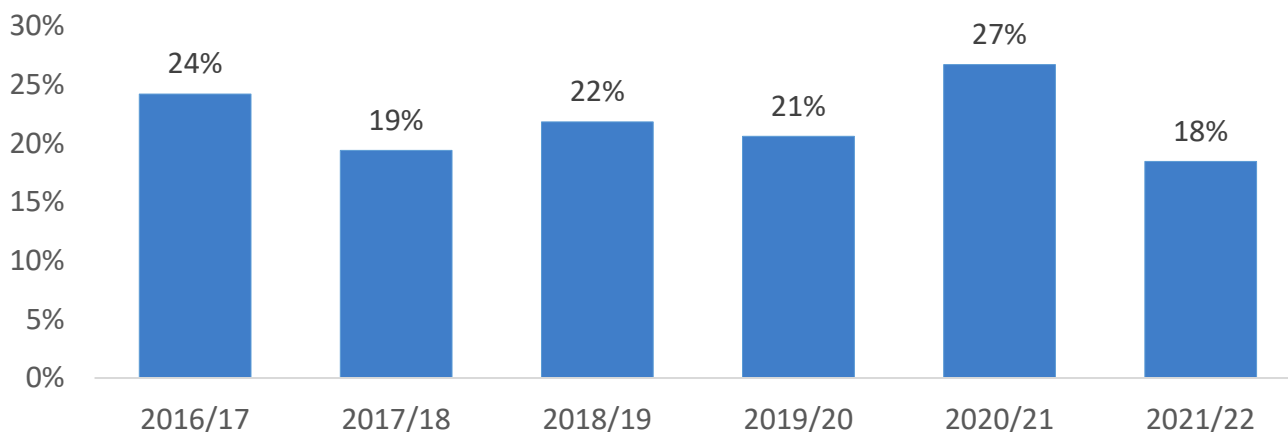
Over a tenth (13%) said that they had no stress in their day-to-day life. This tended to increase with age, with around a tenth of those aged 16 to 64 reporting no stress, while this was true for around a fifth (21%) of those aged 65 to 74 and a third (35%) of those aged 75+.

Loneliness

In 2021/22, less than a fifth of respondents (18%) 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 significantly lower than in 2020/21 (27%), and also below pre-pandemic levels in 2019/20 (21%).



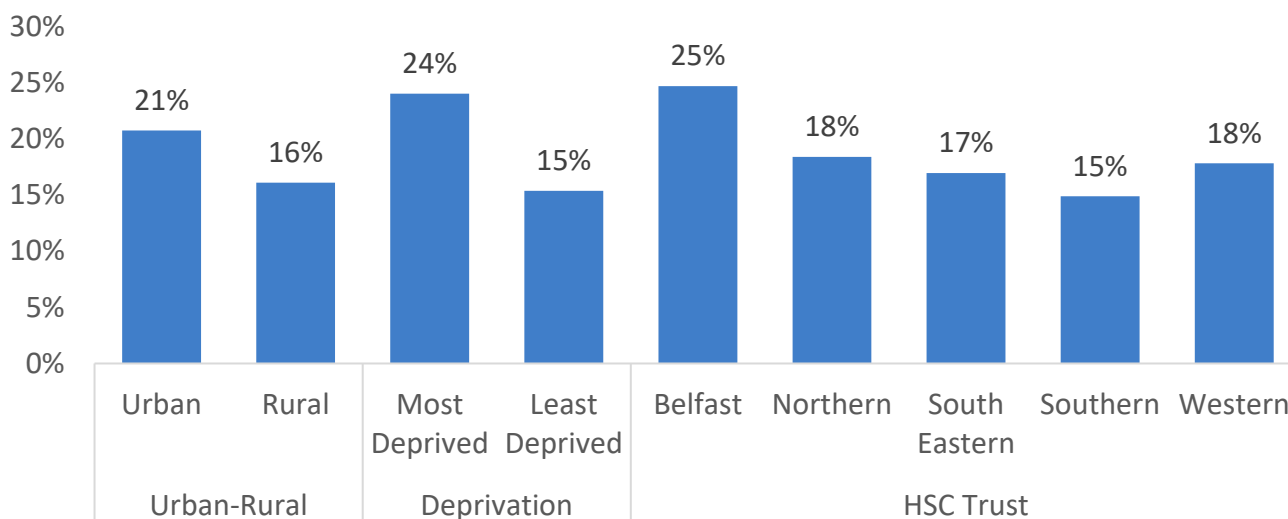
Respondents showing signs of loneliness by year



There was no significant difference found between males and females or by age group.

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 (24%) compared with those living in the least deprived areas (15%).

Respondents showing signs of loneliness by urban-rural, deprivation quintile and Health and Social Care Trust area



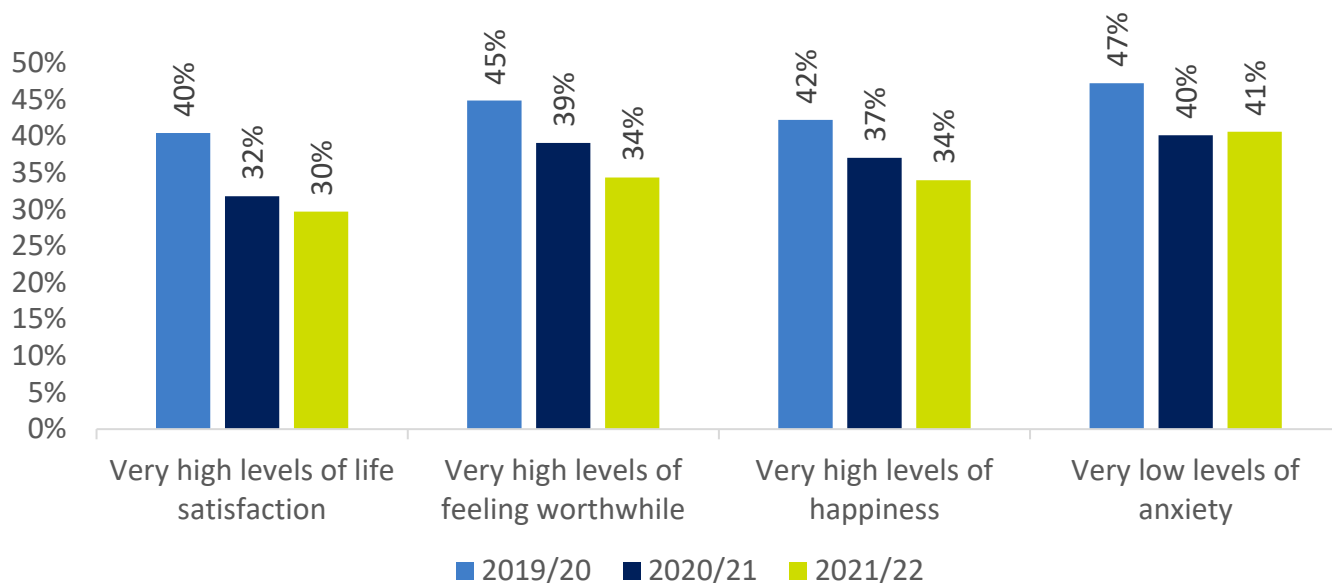
Most respondents said that it was certainly true that there were people among their family or friends who could be relied on no matter what happens (87%). A quarter (25%) of respondents felt they had more support from people over the last twelve months.

Wellbeing

In 2021/22 the proportion of respondents reporting very high levels of happiness (34%) and feeling the things they do in life are worthwhile (34%) continued to fall from pre-pandemic levels. Although there was no significant change in the proportion of respondents reporting very high levels of satisfaction with life (30%) and very low levels of anxiety (41%) compared with last year, the rates remain below pre-pandemic levels.

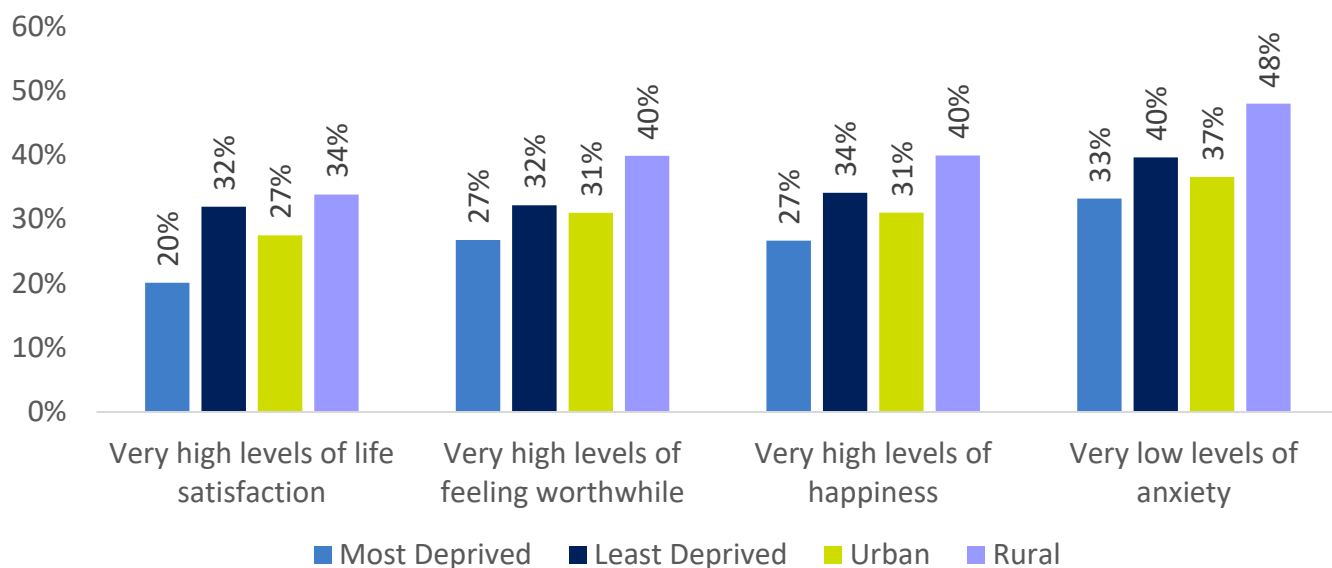


Wellbeing – 2019/20, 2020/21 and 2021/22 compared



Those living in the least deprived areas were more likely to report very high levels of life satisfaction (32%), feeling worthwhile (32%) and happiness (34%), and very low levels of anxiety (40%) than those in the most deprived areas (20%, 27%, 27% and 33% respectively).

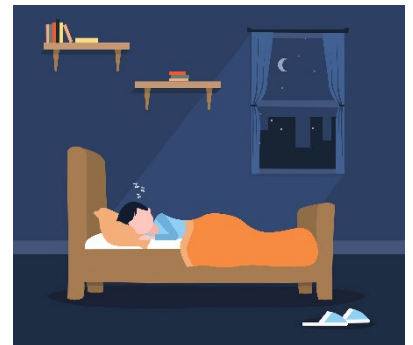
Wellbeing – Most deprived, least deprived, urban and rural areas compared



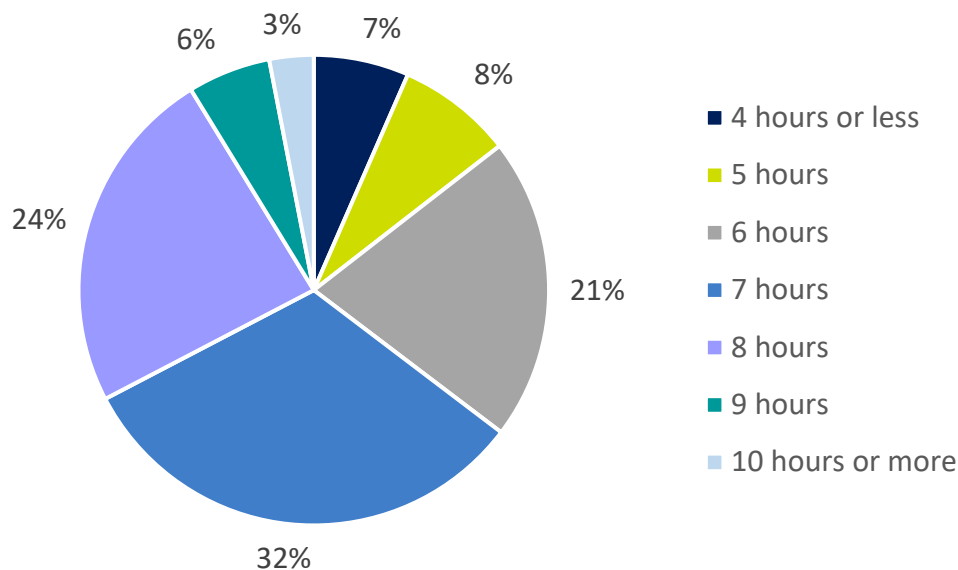
Sleep

The NHS recommends that adults need seven to nine hours sleep each night to stay healthy.

In 2021/22, approximately two-thirds (65%) of respondents had seven or more hours of sleep on average in a 24-hour period, with a fifth (21%) getting six hours of sleep on average and 14% getting five hours or less.



Average number of hours of sleep

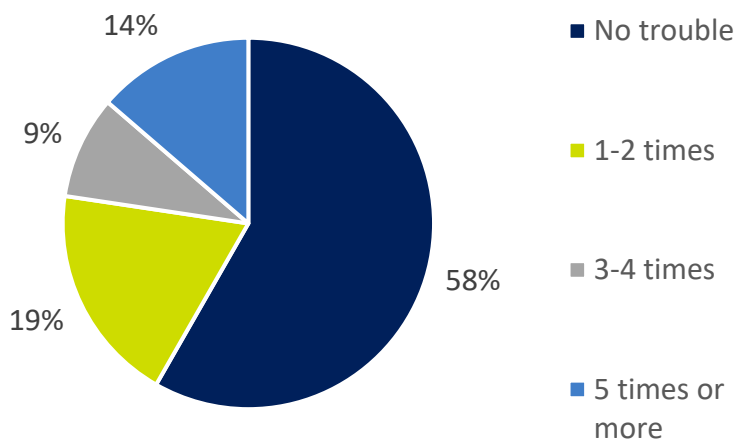


Trouble falling asleep and trouble staying asleep in the past week

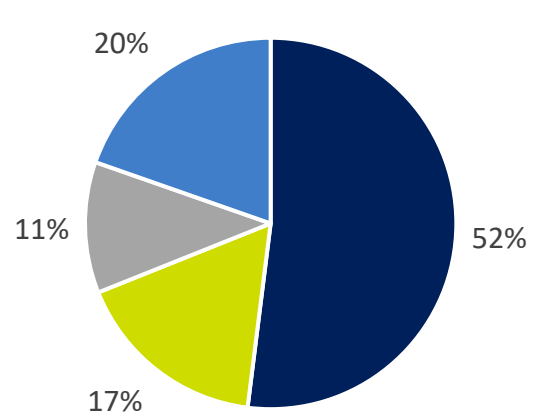
Around two-fifths of respondents (42%) reported they had trouble falling asleep in the past week while around half (48%) reported trouble staying asleep.

Number of times with trouble falling asleep and trouble staying asleep in past week

Trouble falling asleep



Trouble staying asleep



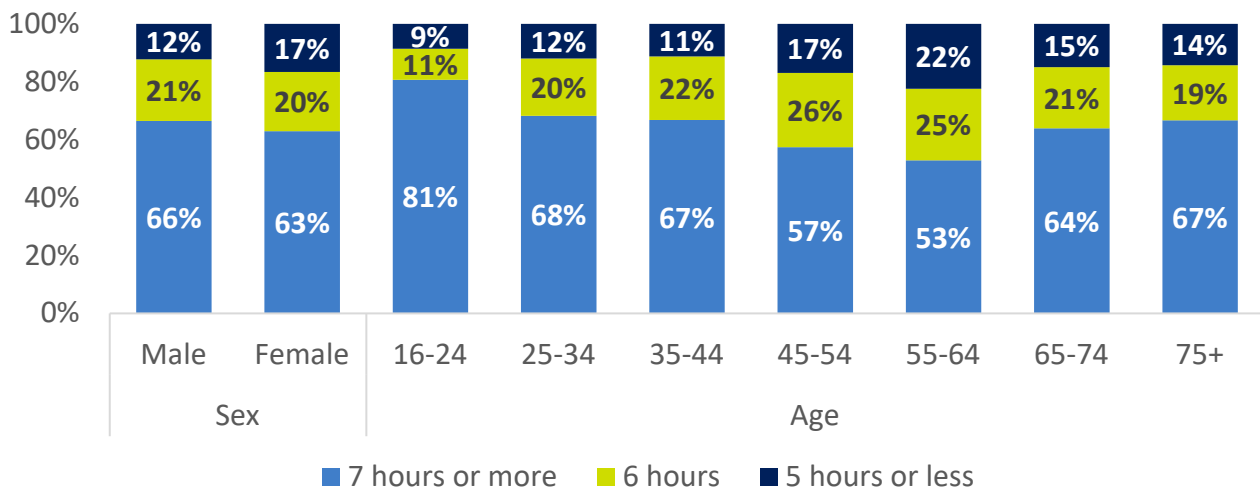
A tenth of respondents took medication at least once in the past week to help them fall asleep.

Sleep by sex and age

A higher proportion of males (66%) had 7 or more hours of sleep than females (63%).

The average amount of sleep generally decreased with age up to the age of 55 to 64, after which it increased again; around four-fifths (81%) of those aged 16 to 24 had seven or more hours of sleep on average, while around half (53%) of those aged 55 to 64 achieved seven or more hours of sleep.

Average number of hours of sleep by sex and age

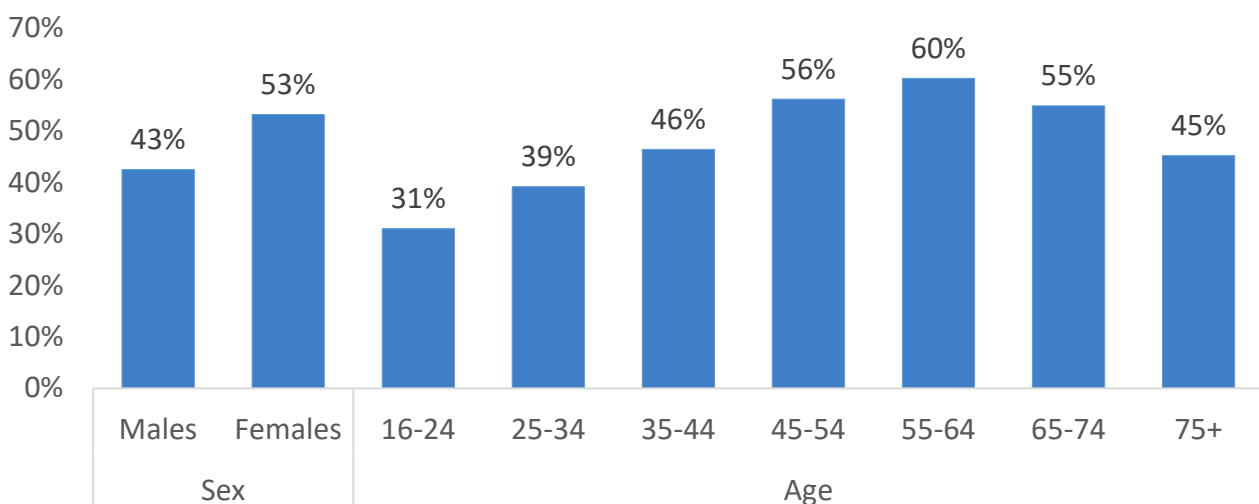


Trouble falling asleep and trouble staying asleep in the past week by sex and age

Females (47%) were more likely to report trouble falling asleep in the past week than males (36%) and were also more likely to report having trouble staying asleep in the past week. More females (11%) indicated they had taken medication to help them fall asleep than males (8%).

Trouble with staying asleep generally increased with age up to the age of 55 to 64, after which it decreased again; those aged 55-64 were almost twice as likely as those aged 16-24 (31%) to report trouble staying asleep in the past week.

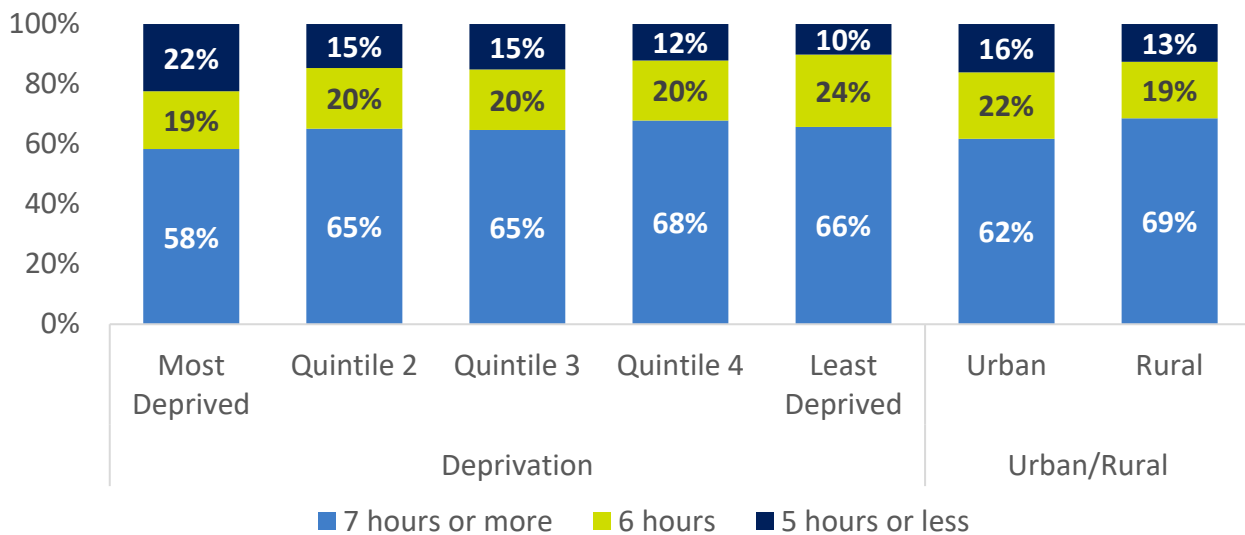
Trouble with staying asleep in past week by sex and age



Sleep by deprivation and urban/rural areas

Around three-fifths (58%) of those living in the most deprived areas had seven or more hours sleep compared with approximately two-thirds (65-68%) of those living in all other deprivation areas. Respondents living in the most deprived areas (22%) were more than twice as likely to have five hours or less sleep than those living in the least deprived areas (10%). Fewer of those living in urban areas (62%) had 7 or more hours of sleep than those living in rural areas (69%).

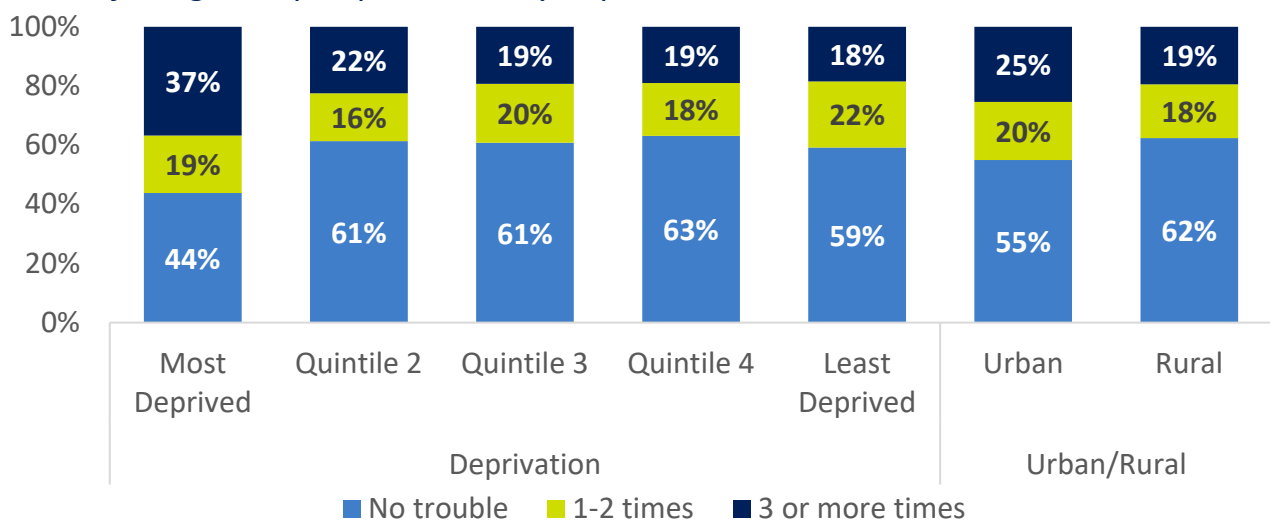
Average number of hours of sleep by deprivation and urban/rural areas



A higher proportion of respondents living in the most deprived quintile were more likely to report sleep problems in the previous week than those in the least deprived quintile such as trouble falling asleep (56% compared with 41%), staying asleep (55% compared with 48%) and a higher proportion had taken medication to help fall asleep (15% compared with 8%).

Similarly, those living in urban areas were more likely to report sleep problems in the past week than those living in rural areas; trouble falling asleep (45% compared with 38%), staying asleep (51% compared with 44%). A higher proportion of respondents living in urban areas (10%) had taken medication to help them fall asleep than those living in rural areas (8%).

Trouble falling asleep in past week by deprivation and urban/rural areas

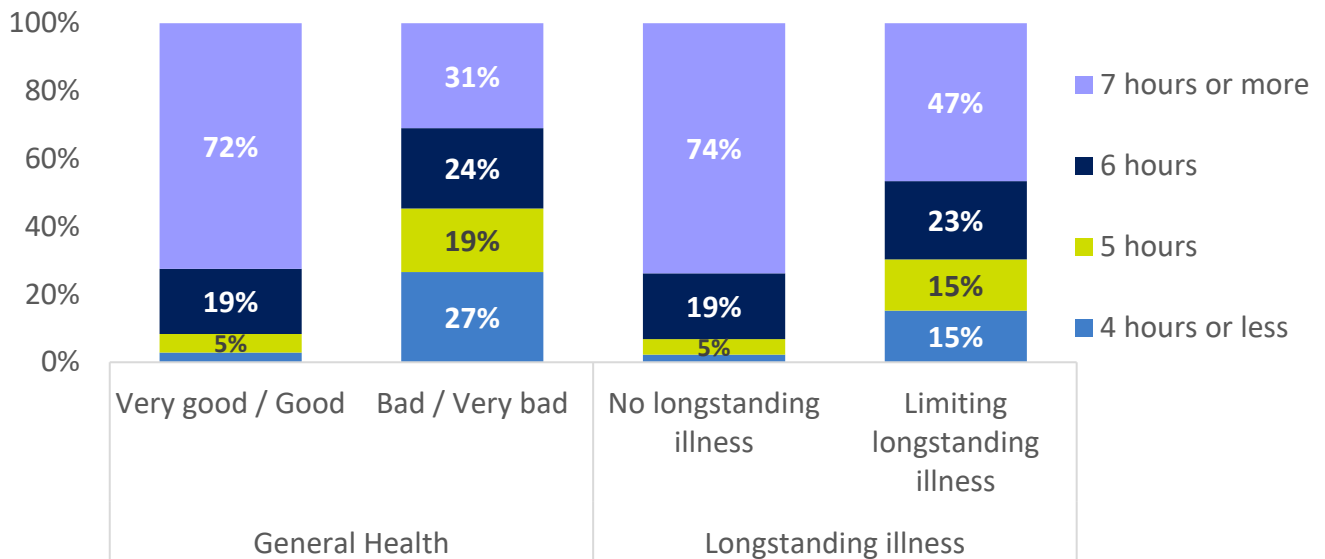


Sleep and General Health / Longstanding illness

Almost three-quarters (72%) of respondents that reported their general health to be very good or good reported getting seven hours or more sleep on average compared with under a third (31%) of those reporting their general health to be bad or very bad. More than a quarter (27%) of those with bad or very bad self-reported health got four or less hours of sleep on average.

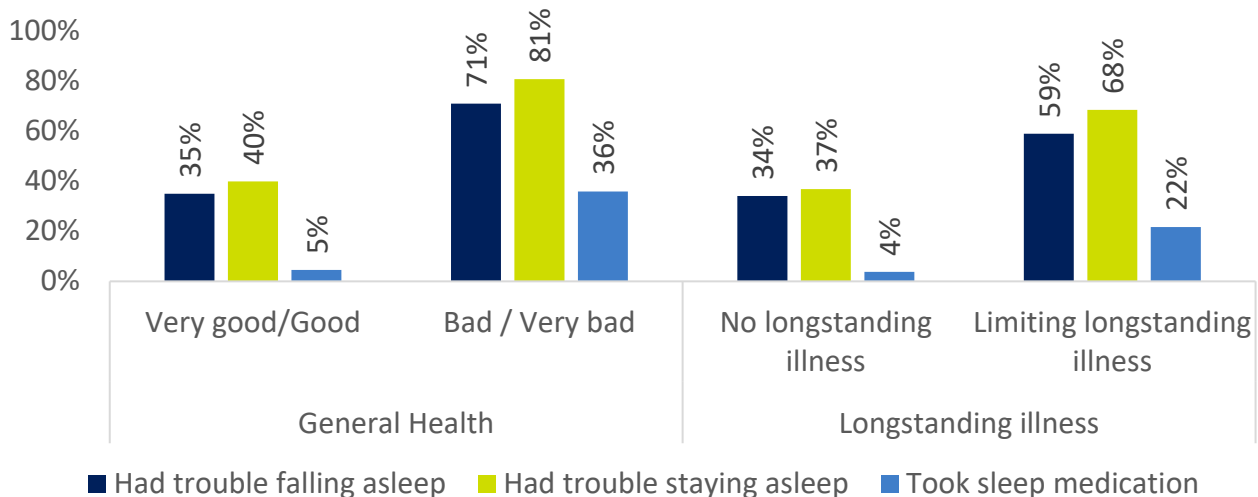
Around three-quarters (74%) of those with no longstanding illness slept for seven hours or more on average compared with under half (47%) of those with a limiting longstanding illness.

Average number of hours of sleep and General Health / Longstanding illness



Those who reported bad or very bad general health were twice as likely to report trouble falling asleep (71%) and staying asleep (81%) in the past week than those reporting very good or good general health (35% and 40% respectively). They were also much more likely to take sleep medication. A similar pattern was seen when comparing those with a limiting longstanding illness against those with no longstanding illness.

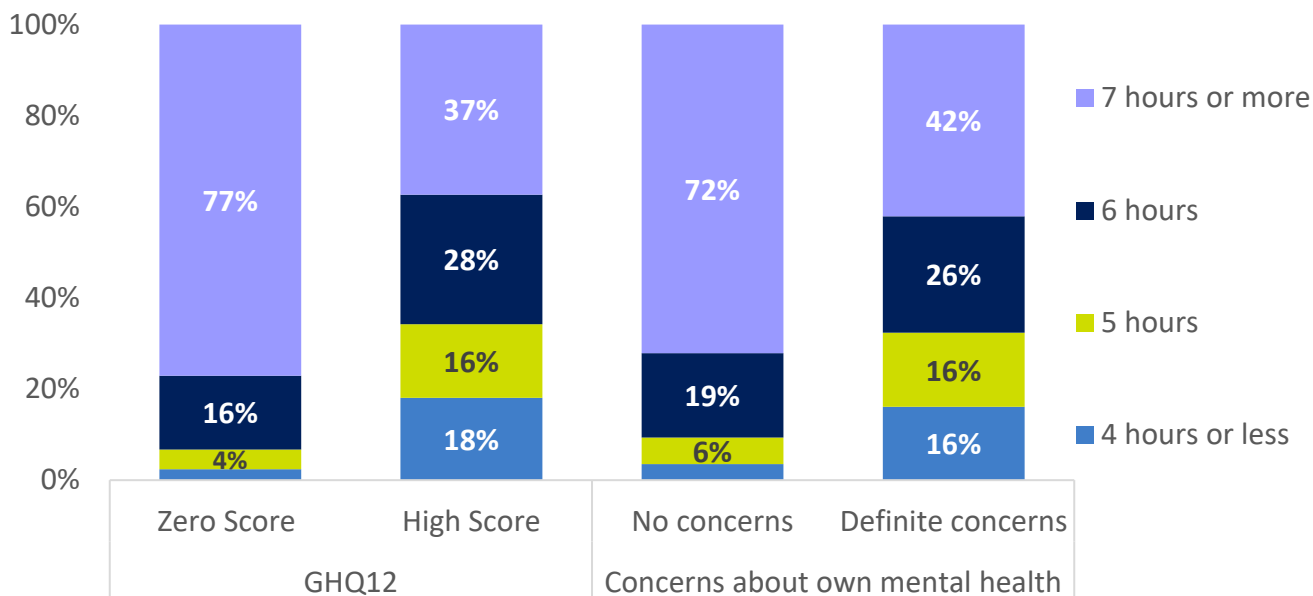
Trouble falling asleep and trouble staying asleep in the past week and use of sleep medication by General Health / Longstanding illness



Sleep and Mental Health

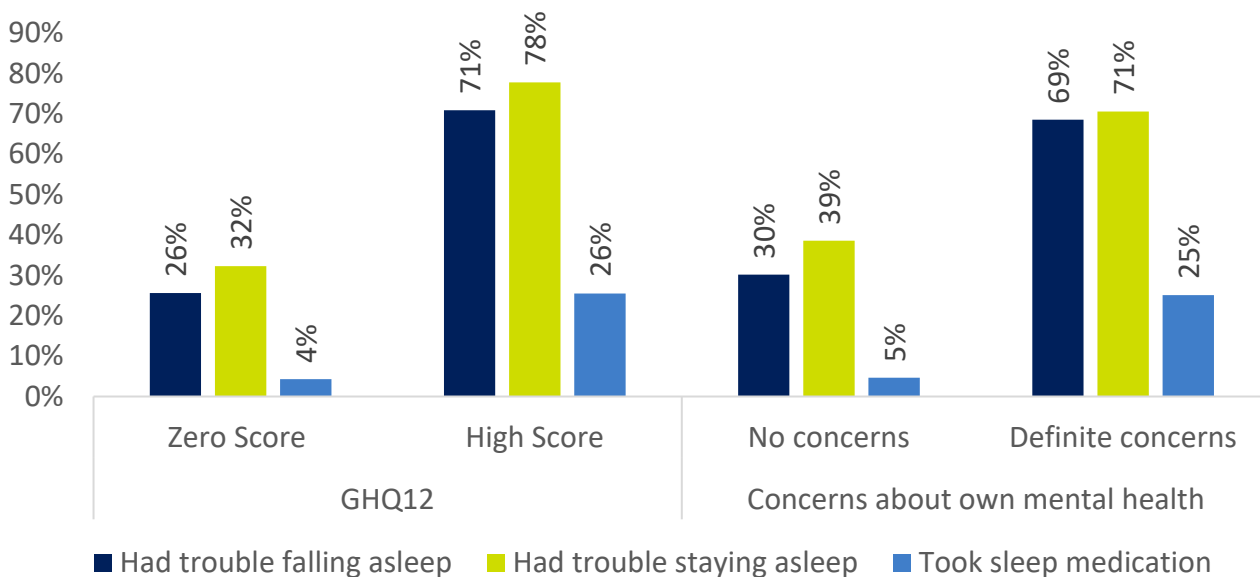
Over three-quarters (77%) of respondents with a GHQ12 score of zero reported getting seven hours or more sleep on average compared with 37% of those with a high GHQ12 score. A similar sleep pattern was seen by those who had no concerns about their own mental health compared with those with definite concerns.

Average number of hours of sleep & GHQ12 score / Concerns about own mental health



Around three-quarters of respondents with a high GHQ12 score reported trouble falling asleep (71%) and trouble staying asleep (78%) in the past week with around a quarter (26%) taking sleep medication. A similar pattern was seen with those with definite concerns about their own mental health.

Trouble falling asleep and trouble staying asleep in the past week and use of sleep medication by GHQ12 score and Concerns about own mental health

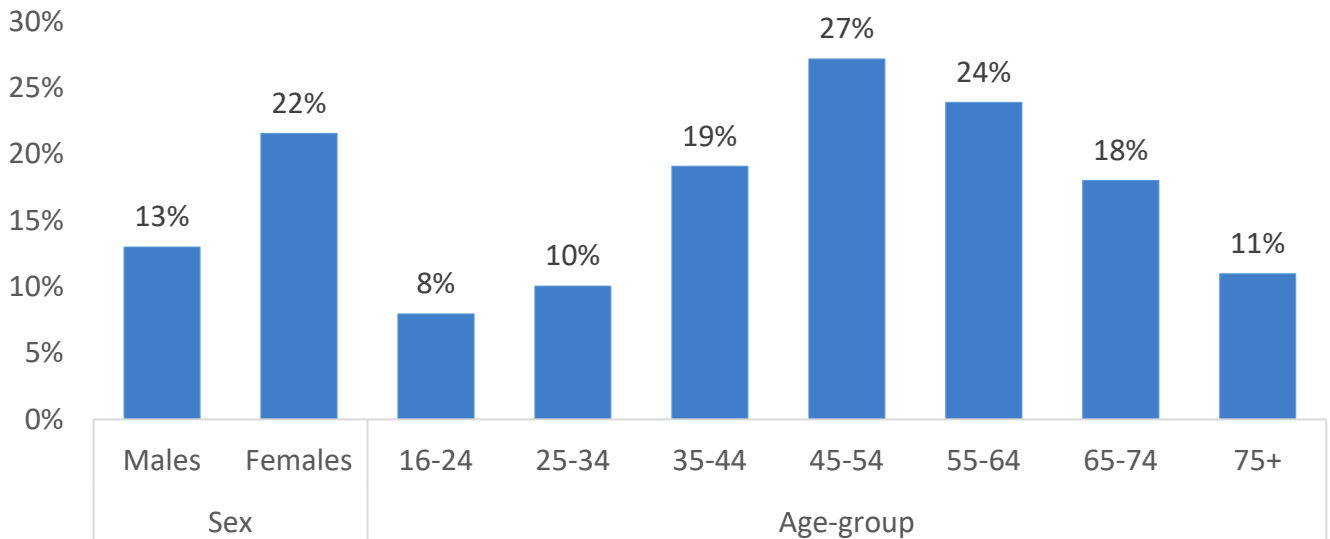


Caring responsibility

Under a fifth (17%) of respondents looked after another person who is sick, disabled or elderly for an hour or more each week (up from 14% in 2018/19). Females (22%) were more likely than males (13%) to have caring responsibility. Around a quarter of those aged 45-54 (27%) and 55-64 (24%) had caring responsibility for someone.



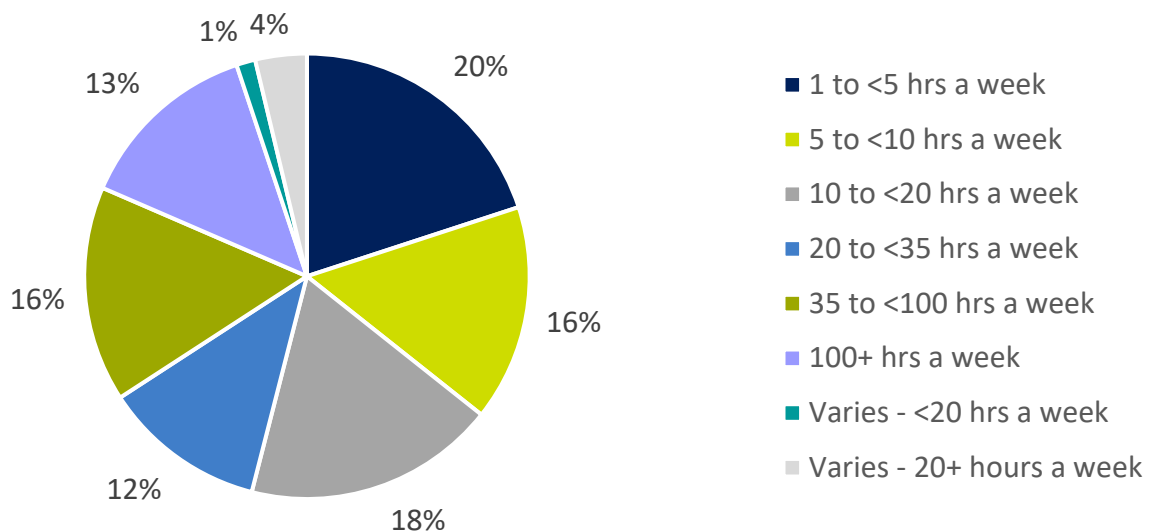
Caring responsibility by sex and by age



Hours providing care

More than half (55%) of those with caring responsibility provided care for under twenty hours per week. There was no significant difference between males and females in the number of hours providing care.

Hours providing care

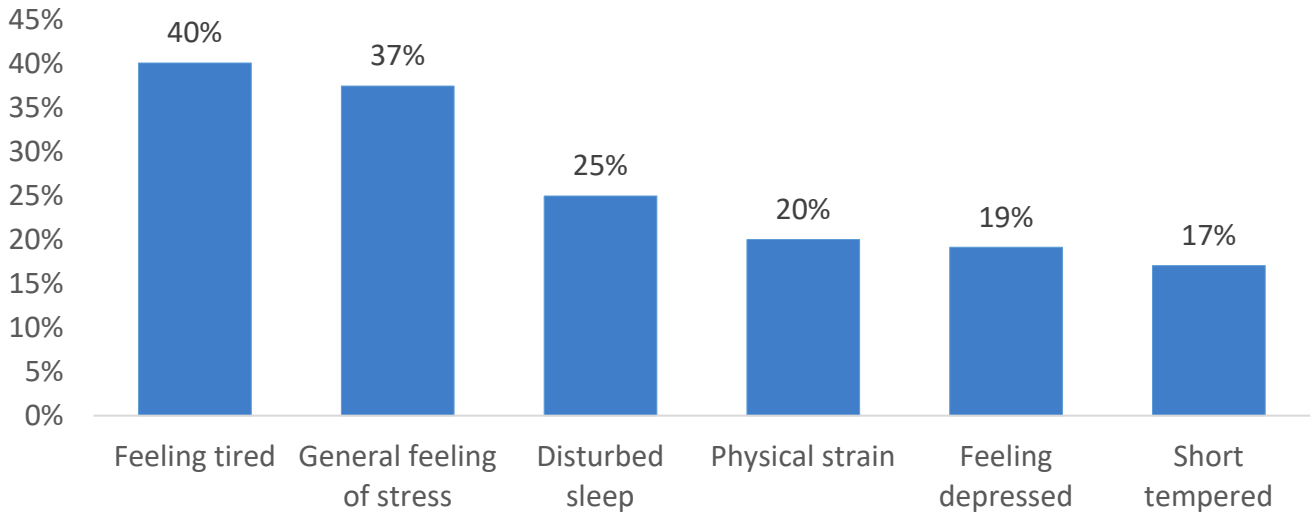


More than half (56%) of those with caring responsibility felt their caring responsibilities had increased since the outbreak of Coronavirus (COVID-19) pandemic.

Effects of providing care on own health

Almost three-fifths (59%) of carers reported some ill-effects on their own health in the last three months due to providing care. The most common effects were feeling tired (40%), a general feeling of stress (37%) and disturbed sleep (25%).

Most common effects on health



Almost a fifth (17%) of those who had experienced ill-effects had seen their GP about it.

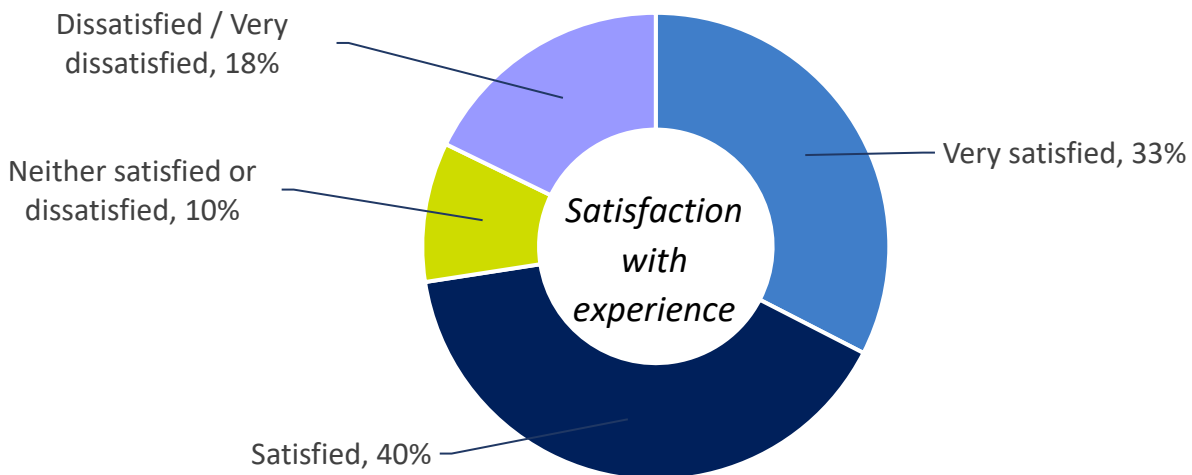
Satisfaction with health and social care

Around three-quarters of respondents (73%) had contact with the Health and Social Care System in Northern Ireland.

Of these, 73% were either very satisfied or satisfied with their experience (down from 85% in 2020/21), while almost a fifth (18%) were either dissatisfied or very dissatisfied (double that in 2020/21 – 9%).



Satisfaction with the overall experience you received from the Health and Social Care System during the last year

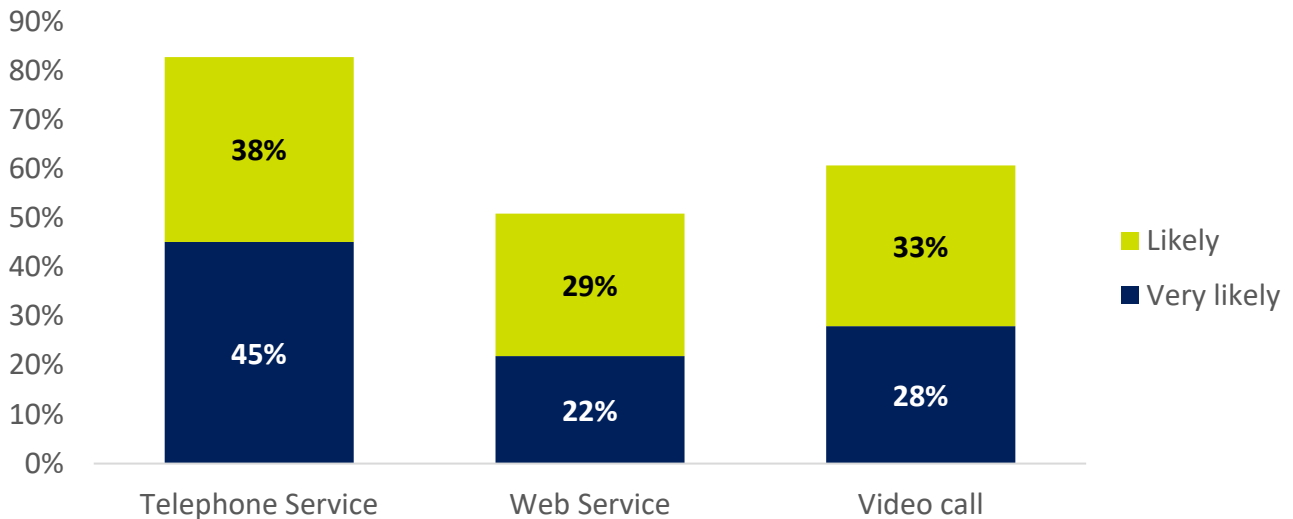


Likelihood to use health services if made available

When asked about the likelihood that respondents would use services to communicate with a health professional about treatment options, over four-fifths (83%) said that they were very likely or likely to use a telephone service, while over half (51%) said that they were very likely or likely to use a website and almost two-thirds (61%) said that they were very likely or likely to use a video call.

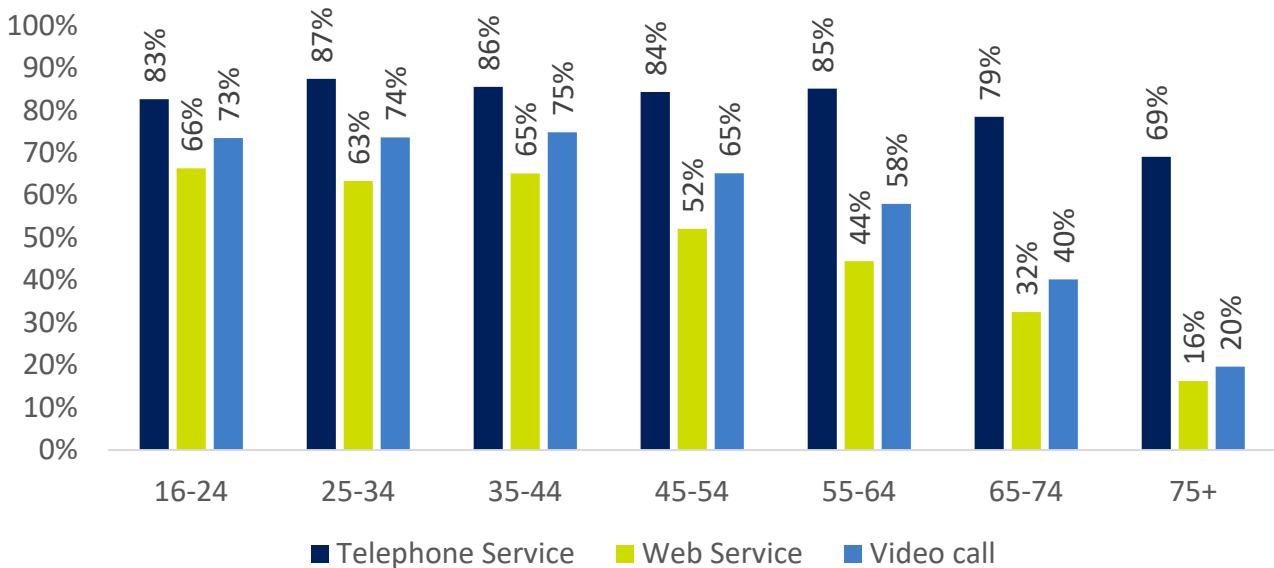


Likelihood of using health service if available



The likelihood of using these services decreased with age. Those respondents aged 75+ were much more likely to choose a telephone service (69%) than a website (16%) or a video call (20%).

Very likely or likely to use health service if available by age



Those living in the most deprived areas were less likely than those living in the least deprived areas to use each of the services; telephone service (most deprived 74%, least deprived 88%), website (most deprived 45%, least deprived 58%) and video call (most deprived 49%, least deprived 68%).

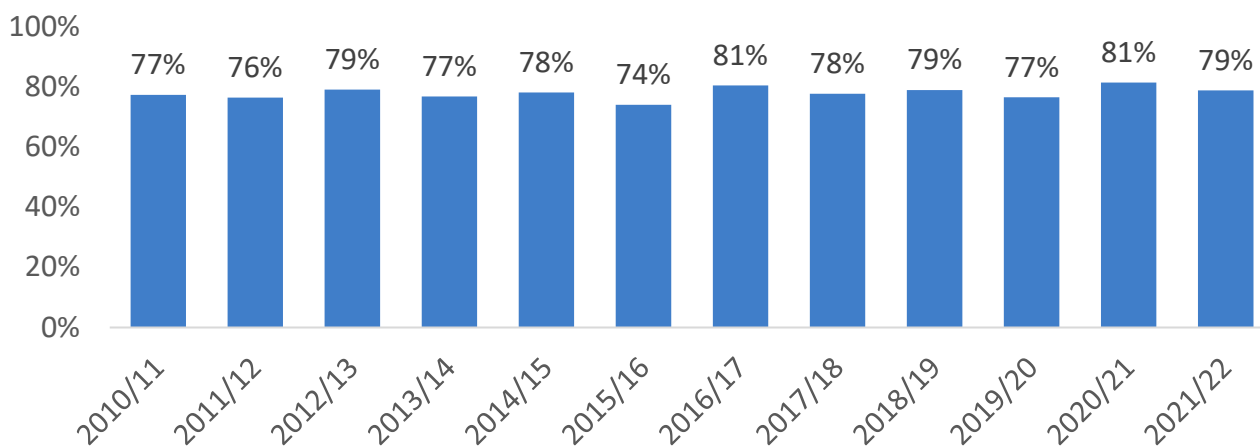
Alcohol

Drinking prevalence

In 2021/22, four-fifths (79%) of adults aged 18 and over reported that they drank alcohol. This was lower than in 2020/21 (81%), but similar to 2019/20 (77%).



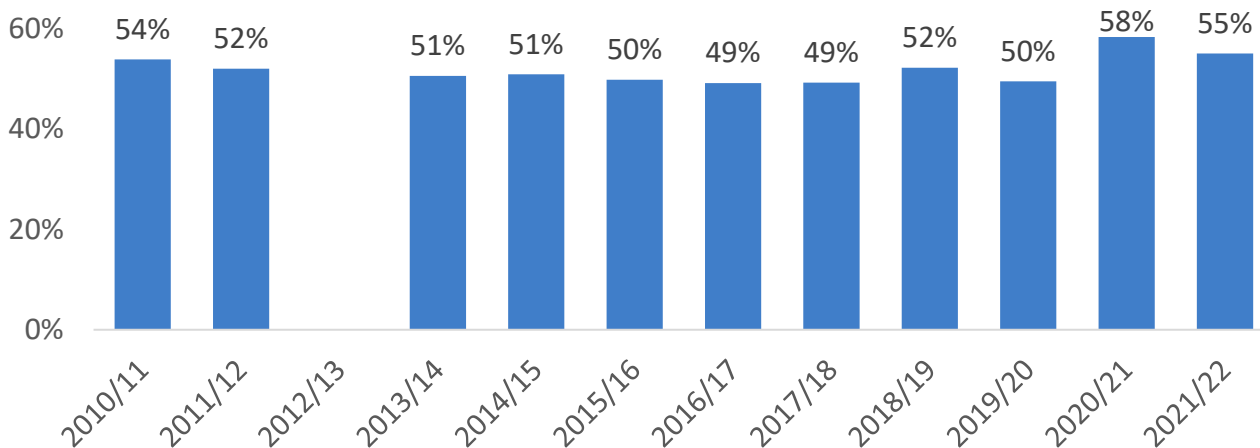
Drinking prevalence by year



Frequency of drinking

More than half (55%) of drinkers reported drinking at least once a week. This was similar to 2020/21 (58%), but higher than 2019/20 (50%).

Drinking alcohol at least once a week by year



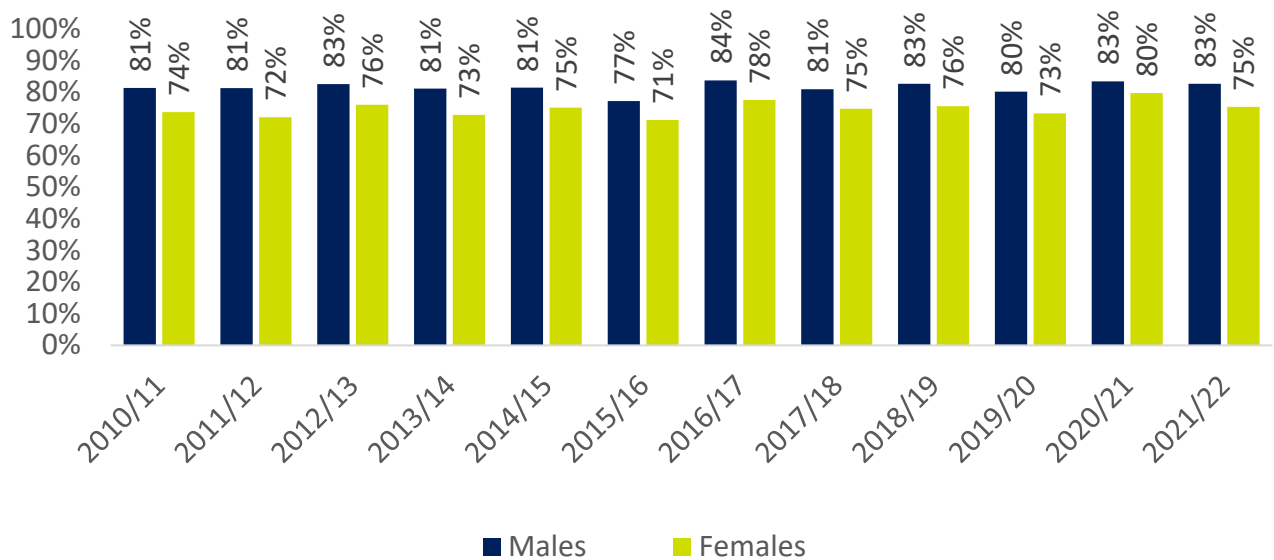
Over half of drinkers (55%) reported that over the last twelve months they had been drinking the same as before, while almost a third (30%) reported drinking less and 15% reported drinking more.

Almost two-thirds (63%) 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 one in ten (11%). A similar pattern was seen for the amount drunk on a typical day, with almost two-thirds (64%) of respondents saying the amount had stayed the same, while more than a quarter (27%) of respondents said the amount had decreased and one in ten reported an increase (9%).

Drinking by sex

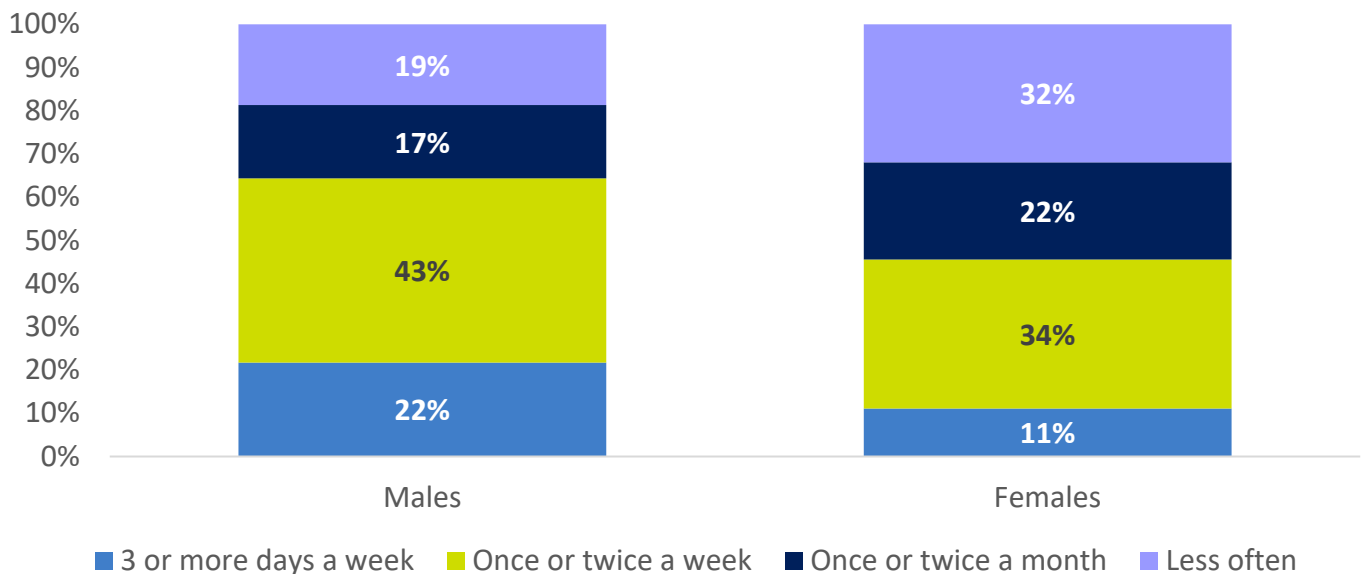
In 2021/22, over four-fifths of males (83%) and three-quarters of females (75%) were drinkers. The proportion of males that drink was the same as in 2020/21 (and similar in 2019/20 - 80%); while the proportion of females who drink alcohol decreased (from 80% in 2020/21) to a similar level as in 2019/20 (73%), suggesting a return to the pre-pandemic level.

Drinking prevalence by sex



Male drinkers (22%) were twice as likely as female drinkers (11%) to report drinking on three or more days per week. Almost two-thirds of male drinkers (64%) drank at least once a week compared with 46% of female drinkers.

Frequency of drinking by sex

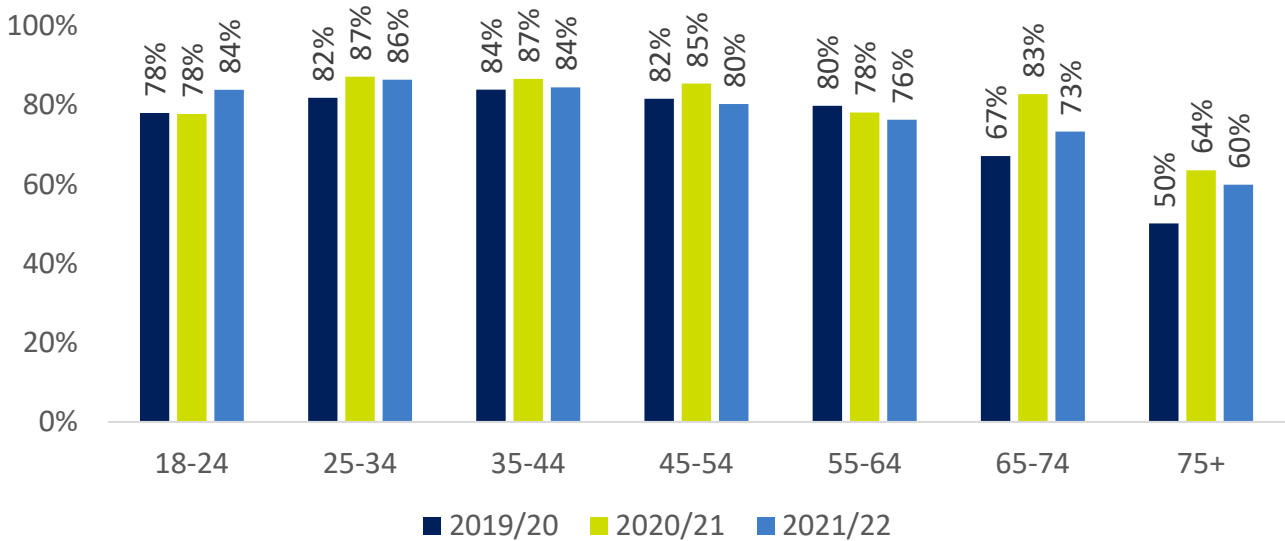


Drinking by Age

Drinking prevalence tends to decrease with age with around four-fifths of those aged 18 to 54 reporting drinking alcohol, while around three-quarters of those aged 55 to 74 and 60% of those aged 75+ do so.

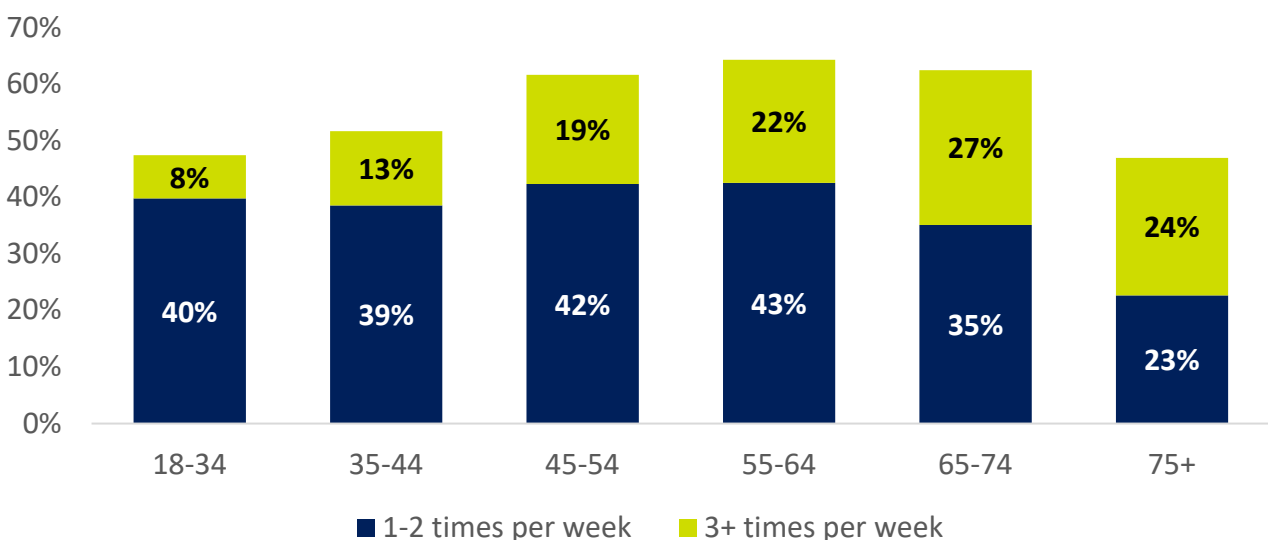
In 2021/22, the proportion of drinkers aged from 18 to 64 remained unchanged from pre-pandemic levels, while drinking prevalence for those aged 65 to 74 (73%) although down from last year (83%) remained higher than pre-pandemic levels (67%). Drinking prevalence for those aged 75+ (60%) was also higher than pre-pandemic levels (50%).

Drinking prevalence by age



The proportion of drinkers that drank at least once a week increased with age from under half (47%) of 18 to 34 year olds, up to almost two-thirds (64%) of those aged 55 to 64, before decreasing down to 47% of those aged 75+. Those aged 18 to 34 were less likely to drink alcohol three or more times a week than all other age groups.

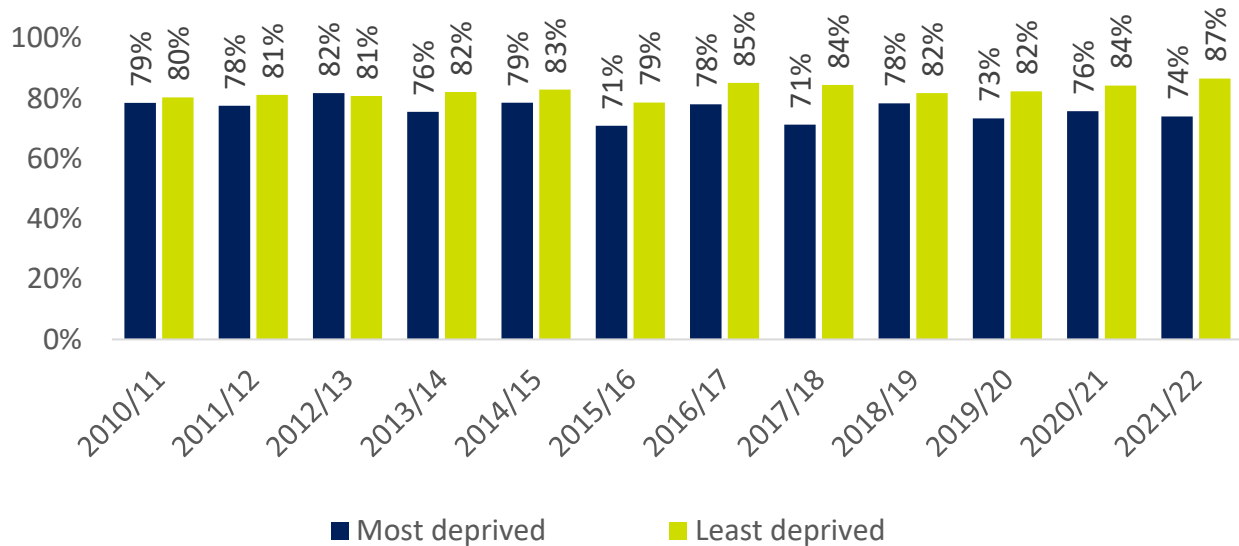
Frequency of drinking by age



Drinking by Deprivation

In 2021/22, over four-fifths (87%) of those living in the least deprived areas were drinkers, while under three-quarters (74%) of those living in the most deprived areas reported drinking alcohol. This was similar to previous years.

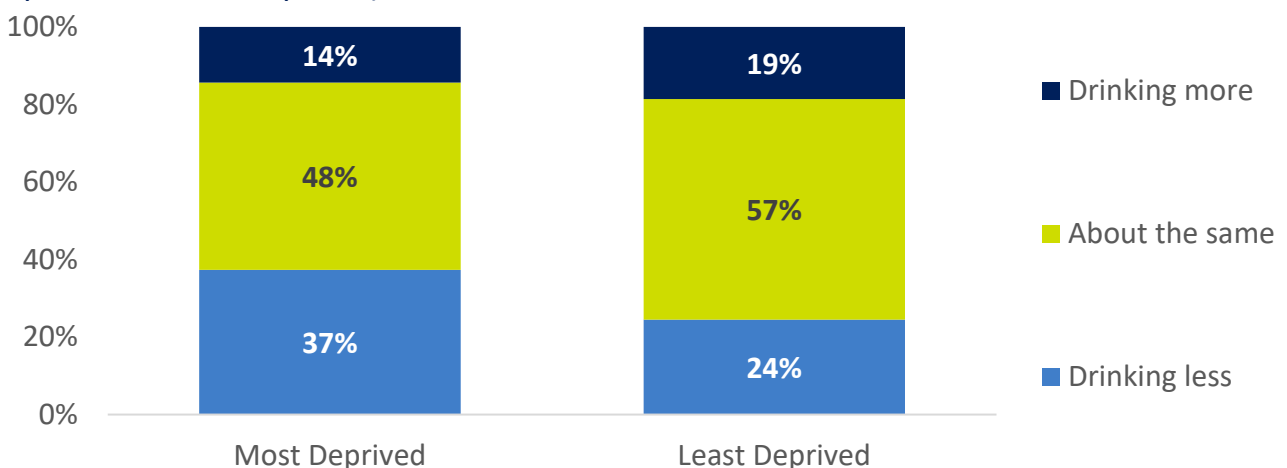
Drinking prevalence by deprivation quintile by year (most and least deprived areas compared)



In 2021/22, two-thirds of drinkers living in the least deprived areas drank alcohol at least once a week compared with around half (48-54%) of drinkers living in all other areas.

More than a third (37%) of drinkers living in the most deprived areas said that they were drinking less over the last twelve months compared with 24% of those in the least deprived areas.

Amount drunk over last twelve months by deprivation quintile (most and least deprived areas compared)



Almost a third (31%) of those living in the most deprived areas said that the number of days on which they drank alcohol had decreased, while more than a quarter (28%) said that the amount drunk on a typical day had decreased. In comparison, under a fifth (18%) of those living in the least deprived areas said that the number of days on which they drank alcohol had decreased, while 22% said that the amount drunk on a typical day had decreased.

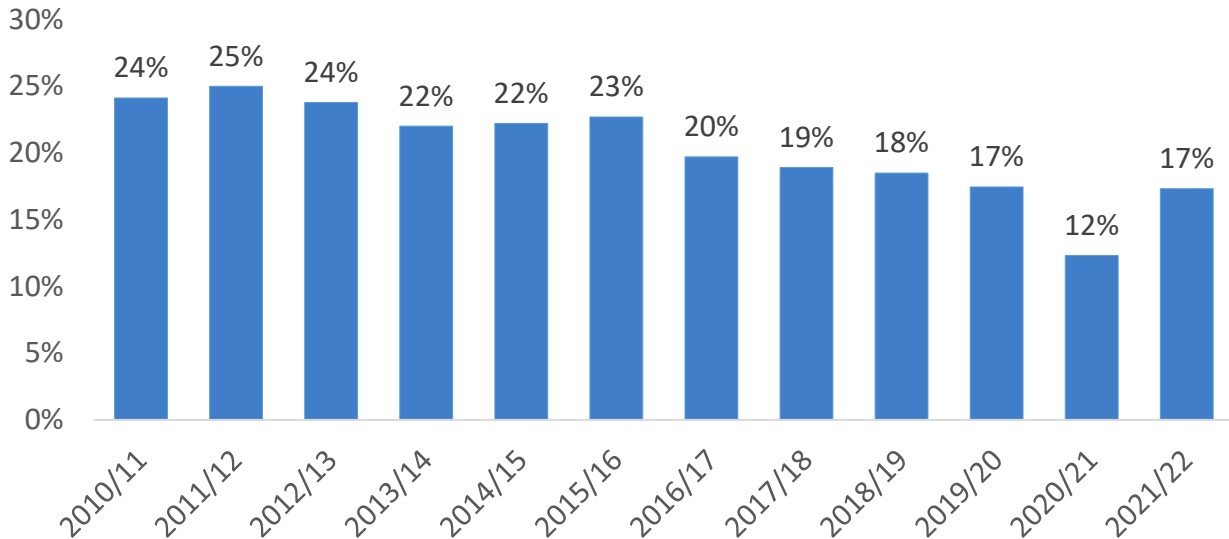
Smoking

Smoking prevalence

In 2021/22, 17% of adults smoked cigarettes; this is an increase compared with the 2020/21 finding of 12%, however it is similar to the 2019/20 rate. Smoking prevalence has decreased from 24% in 2010/11.



Smoking prevalence by year



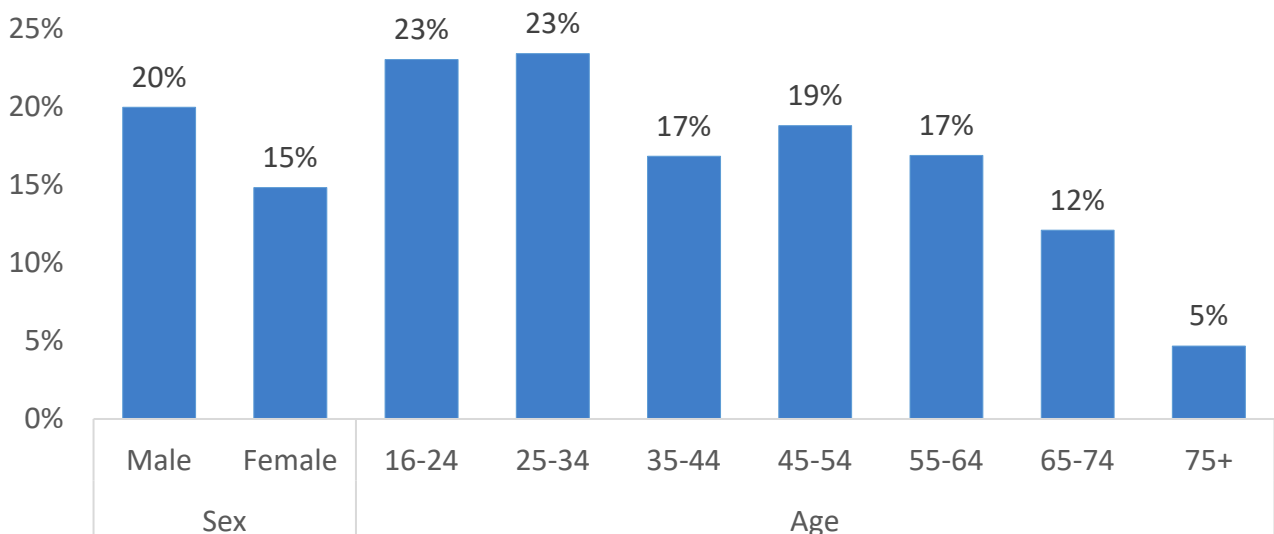
Smoking by sex

The proportion of males (20%) and females (15%) that smoked in 2021/22 both fell from 2010/11 (when 25% of males and 23% of females smoked).

Smoking by age

The proportion of respondents that smoked generally decreased with age from under a quarter (23%) of those aged 16 to 34, down to 5% of those aged 75+.

Smoking prevalence by sex and age



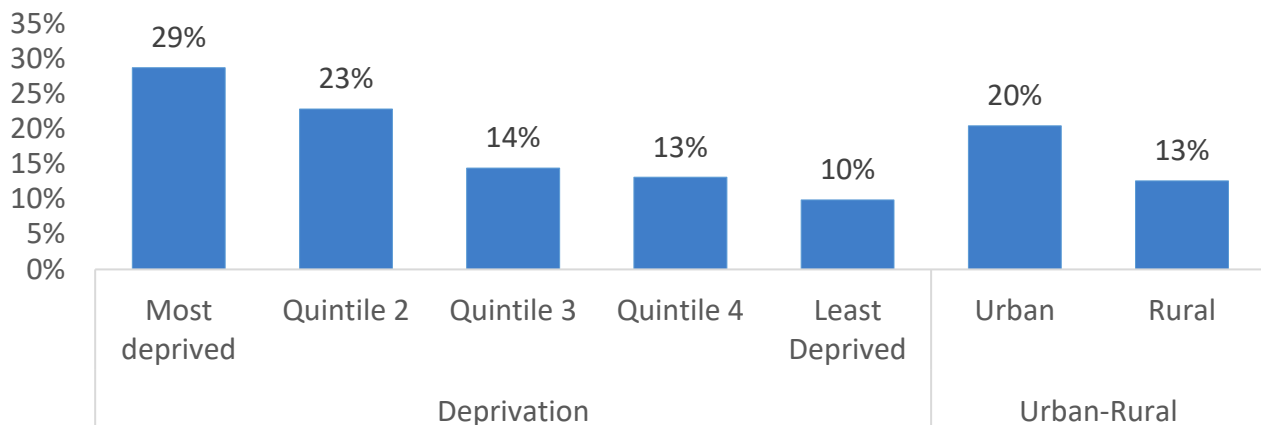
Smoking by deprivation

More than a quarter (29%) of those living in the most deprived areas smoke (down from 40% in 2010/11) compared with 10% of those living in the least deprived areas (down from 14% in 2010/11).

Smoking by urban-rural

The proportion of respondents in urban areas that smoke was 20%, which compares with 13% of those living in rural areas.

Smoking prevalence by deprivation and urban-rural



Smoking over last twelve months

Around half (51%) of smokers reported that over the last twelve months the number of cigarettes they smoked was about the same as before, while a quarter (26%) reported smoking less and under a quarter (23%) 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 quarter (23%) reported that they had tried to reduce the number of cigarettes they smoked, while 13% reported that they had tried e-cigarettes and 13% tried to quit smoking. More than half (54%) of smokers reported that since the outbreak of the Coronavirus pandemic they had made no change to their smoking behaviour.

e-cigarettes

In 2021/22, 7% of adults were using e-cigarettes or vaping devices (up from 5% in 2020/21 but similar to 2019/20 – 6%). Use decreased with age, ranging from 12% of those aged 16-24 to 1% of those aged 75 and over. There was no difference in use between males and females or between those living in the most and least deprived areas. However, those living in urban areas (9%) were almost twice as likely to use e-cigarettes as those living in rural areas (5%).



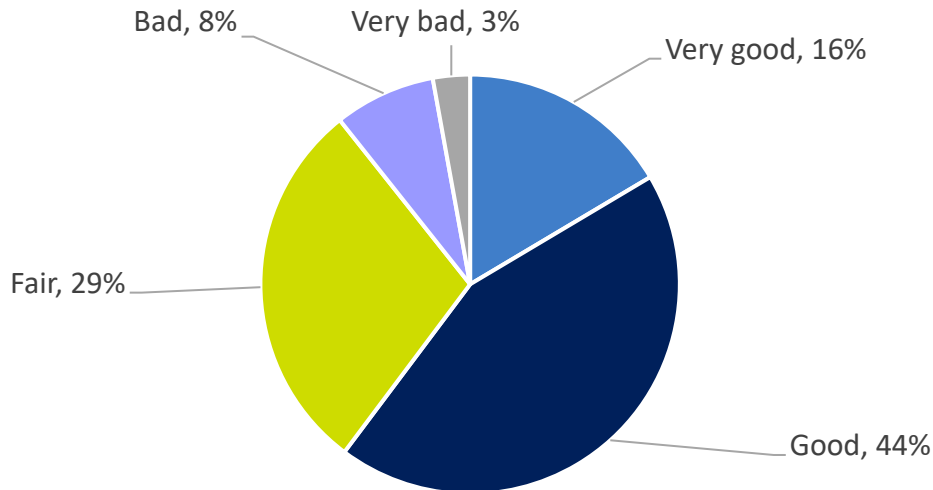
Of those that used e-cigarettes, three-fifths reported that the number of times they used their device had stayed the same over the last twelve months, 12% reported decreased use and over a quarter (28%) noted an increase. Since the outbreak of the Coronavirus pandemic, 16% indicated that they had felt more motivated to quit e-cigarettes.

Healthy eating

Three-fifths (60%) of respondents described their eating habits as very good or good, while 29% stated their eating habits were fair and 11% said their eating habits were bad or very bad.



Description of own eating habits



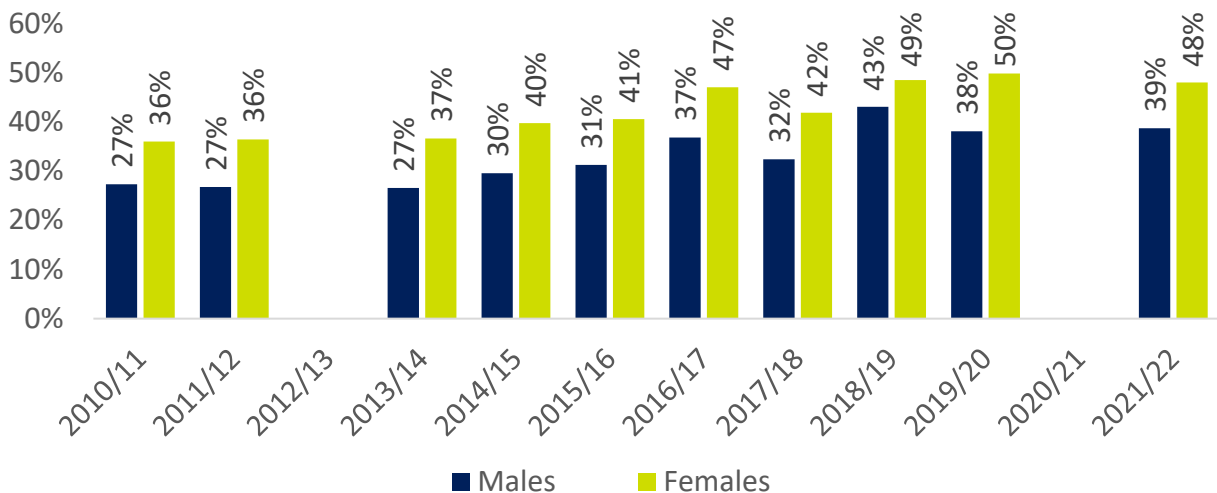
Almost two-thirds (63%) of respondents reported that over the last twelve months that they had been eating the same as before, while 19% reported eating more healthily and 19% reported eating less healthily.

Five-a-day

More than two-fifths (44%) of respondents reported that they consumed 5 or more portions of fruit and vegetables per day. This was unchanged from 2019/20.

Females (48%) remained more likely than males (39%) to consume 5 or more portions of fruit and vegetables per day.

Consuming at least 5-a-day by sex



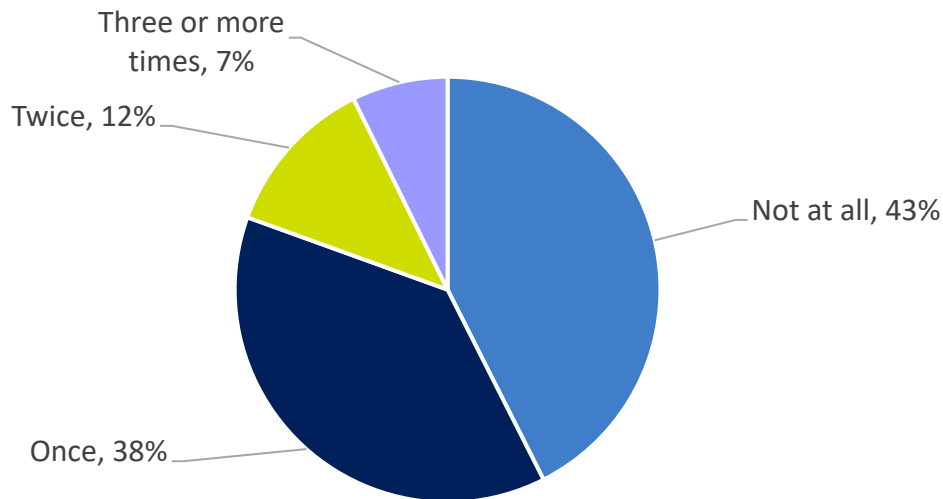
Similarly respondents living in the least deprived areas (46%) remained more likely to consume at least 5-a-day than those living in the most deprived areas (35%).

Fast food

More than two-fifths (43%) of respondents reported that they had not consumed food purchased from a fast food place in the past seven days. Almost two-fifths (38%) had consumed fast food once in the last week, while 19% had consumed fast food two or more times. This was similar to 2017/18 (when this question was last asked).



Number of times respondent consumed fast food in last week



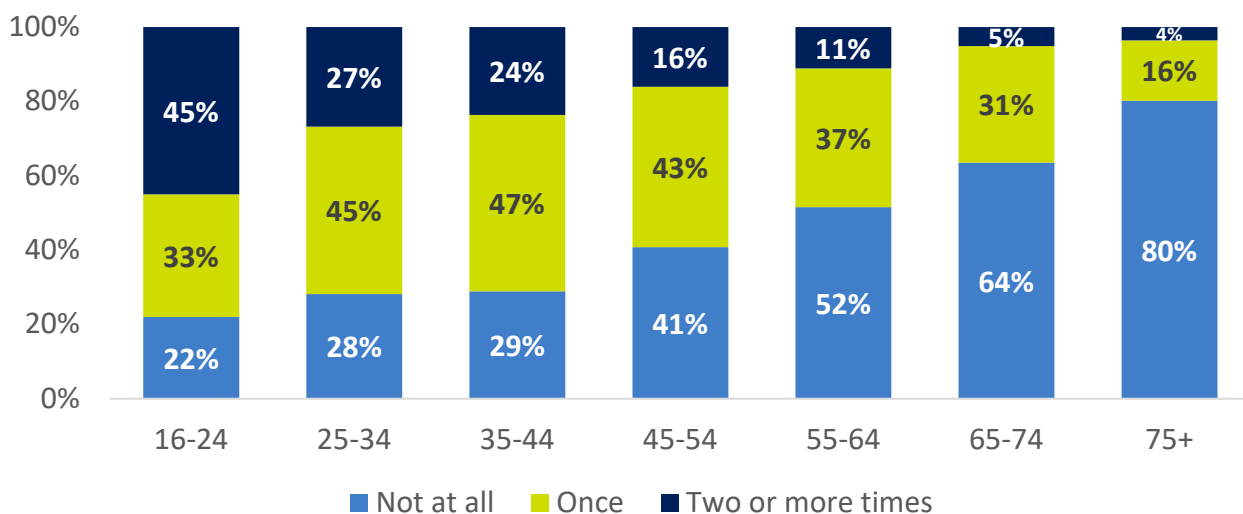
Fast food consumption by sex

Females (46%) were more likely than males (39%) to not have consumed fast food in the last week. A quarter (25%) of males consumes fast food two or more time in the last week compared with 14% of females.

Fast food consumption by age

Fast food consumption decreased with age with almost four-fifths (78%) of 16-24 year olds having a takeaway in the last week compared with a fifth (20%) of those aged 75+. Those in younger age-groups were also more likely to consume takeaway food more than once a week.

Fast food consumption by age

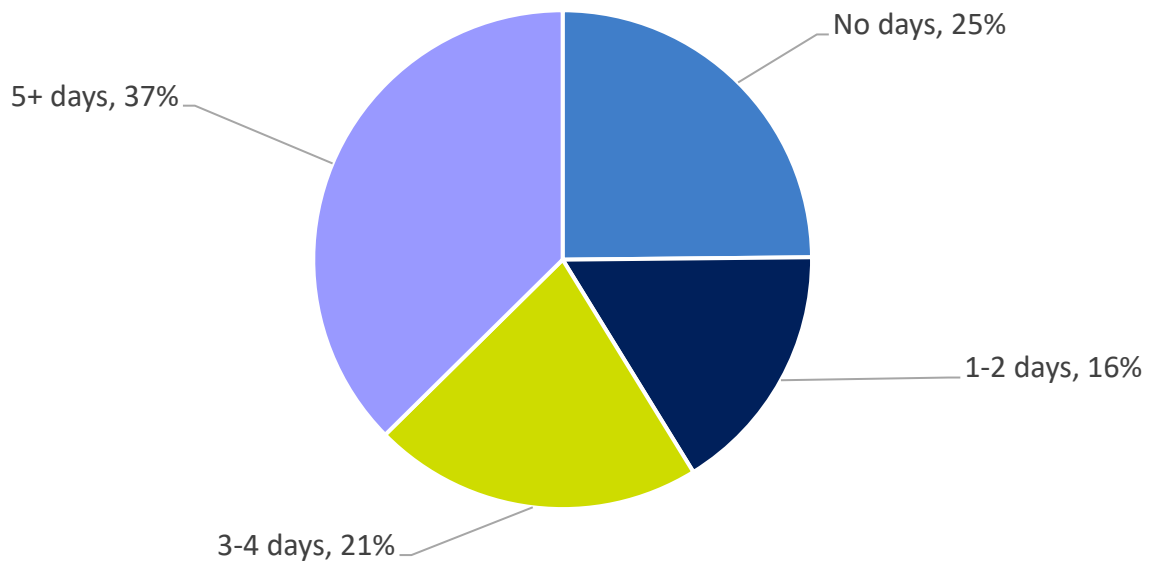


Physical activity

More than a third (37%) of respondents reported doing 30 minutes of physical activity (enough to make them out of breath) on five or more days per week. *Please note that these results are based on information from this one question and do not constitute an update on any previous health survey trends that considered whether respondents were meeting recommended physical activity levels.*



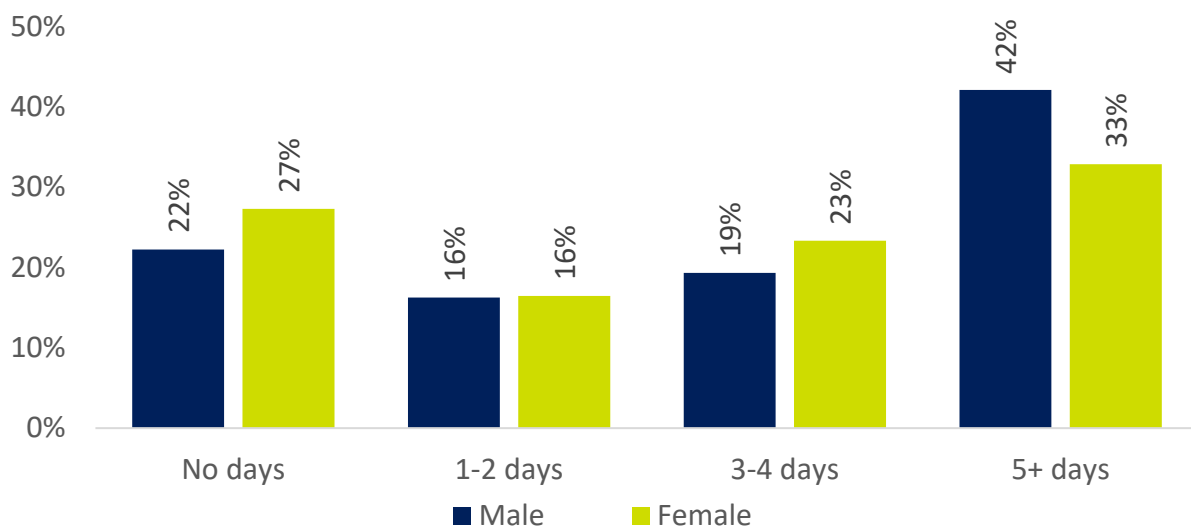
Number of days with at least 30 minutes of physical activity



Physical activity by sex

Males (42%) were more likely to do 30 minutes of physical activity on five or more days per week than females (33%). Females (27%) were more likely to have no days of doing 30 minutes of physical activity than males (22%).

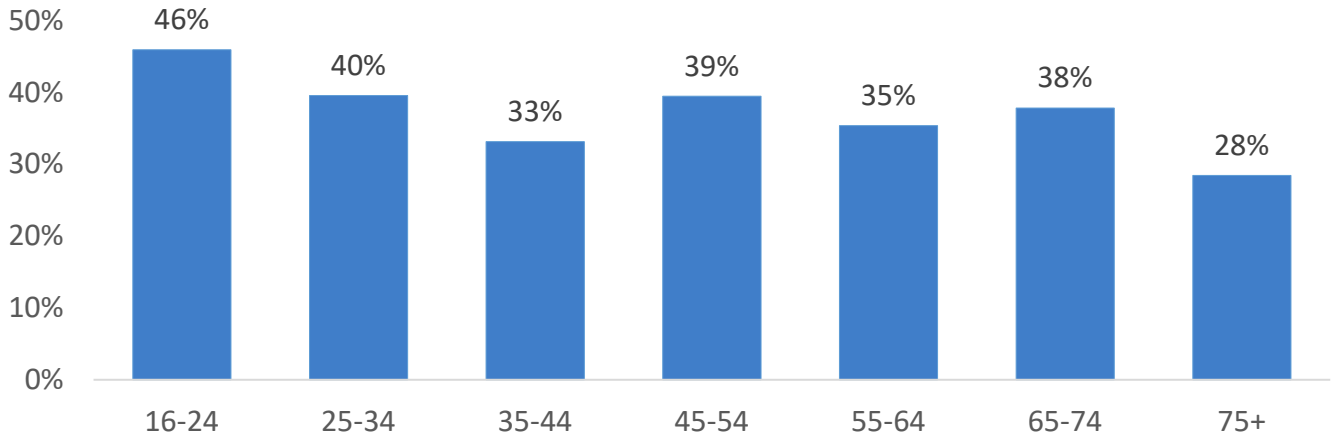
Number of days with at least 30 minutes of physical activity by sex



Physical activity by age

The proportion of respondents that did 30 minutes of physical activity on five or more days per week generally decreased with age from almost half (46%) of those aged 16-24 to over a quarter (28%) of those aged 75+.

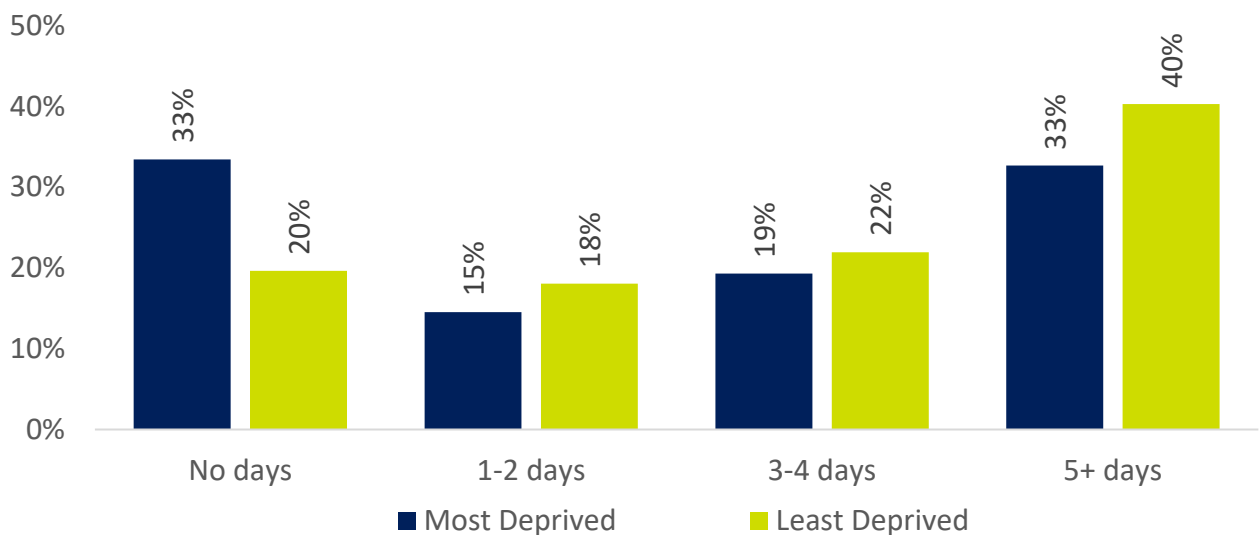
5 or more days with at least 30 minutes of physical activity by age



Physical activity by deprivation

Those living in the least deprived areas (40%) were more likely to do 30 minutes of physical activity on five or more days per week than those living in the most deprived areas (33%). A third (33%) of those living in the most deprived areas had no days of doing 30 minutes of physical activity compared with a fifth (20%) of those living in the least deprived areas.

Number of days with at least 30 minutes of physical activity by deprivation (Most and least deprived compared)



Physical activity over last twelve months

Almost half (46%) of respondents reported that over the last twelve months that they had been active the same as before, while similar proportions reported doing more physical activity (26%) and less physical activity (28%).

Care in the sun

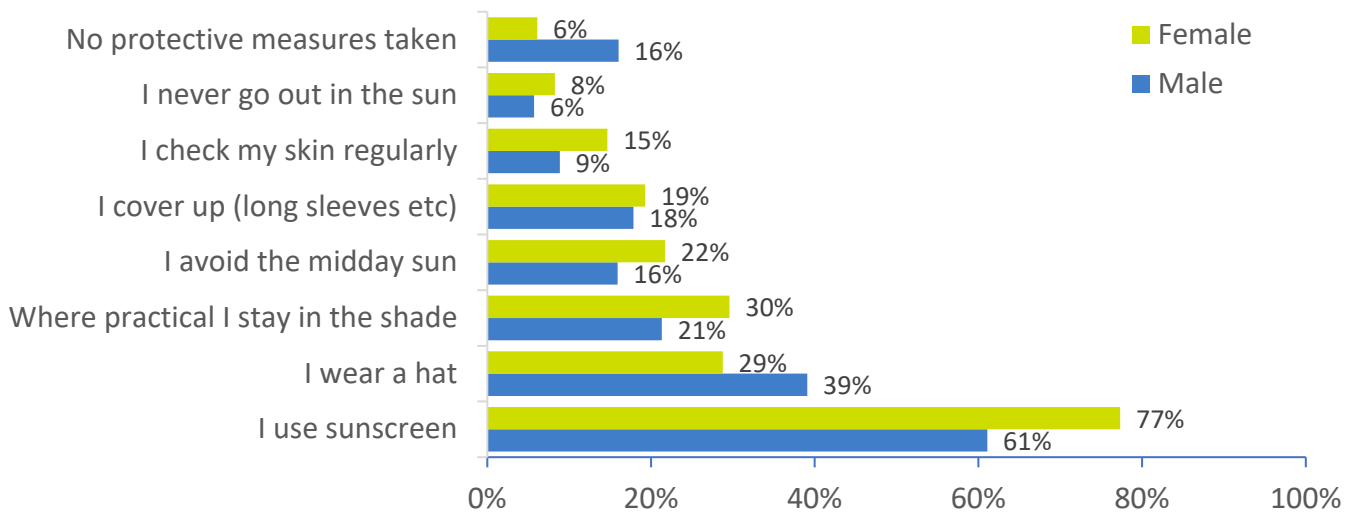
Protection from the sun

The most popular method of sun protection used was sunscreens (69%), followed by wearing a hat (34%) and staying in the shade where practical (26%).



Almost all the female respondents (94%) used at least one method of sun protection compared with 84% of male respondents.

Sun protection methods used by sex

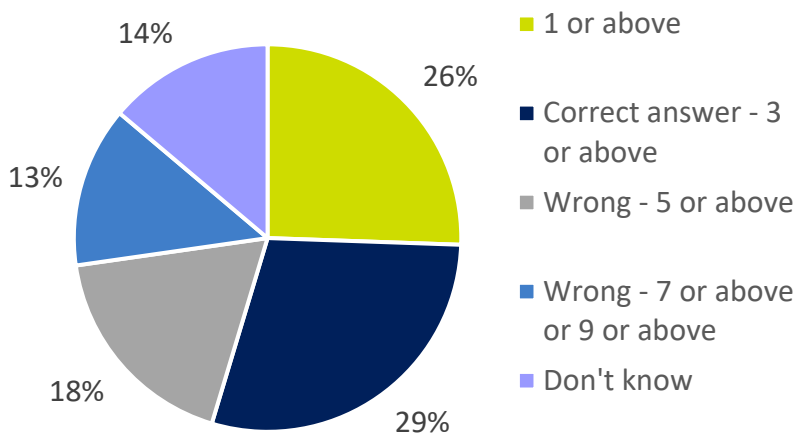


Of those respondents that used a sunscreen, the majority (88%) used one with a sun protection factor of at least 15.

UV Index

Two-thirds (66%) of respondents had heard of the UV index. Of those who had heard of the UV index, 29% knew that most people should protect their skin from the sun at a UV index of 3 or above. Almost a third (32%) thought that their skin should be protected at a UV index of 5 or above, while 14% indicated they did not know.

At what UV index do you think most people should protect their skin from the sun?

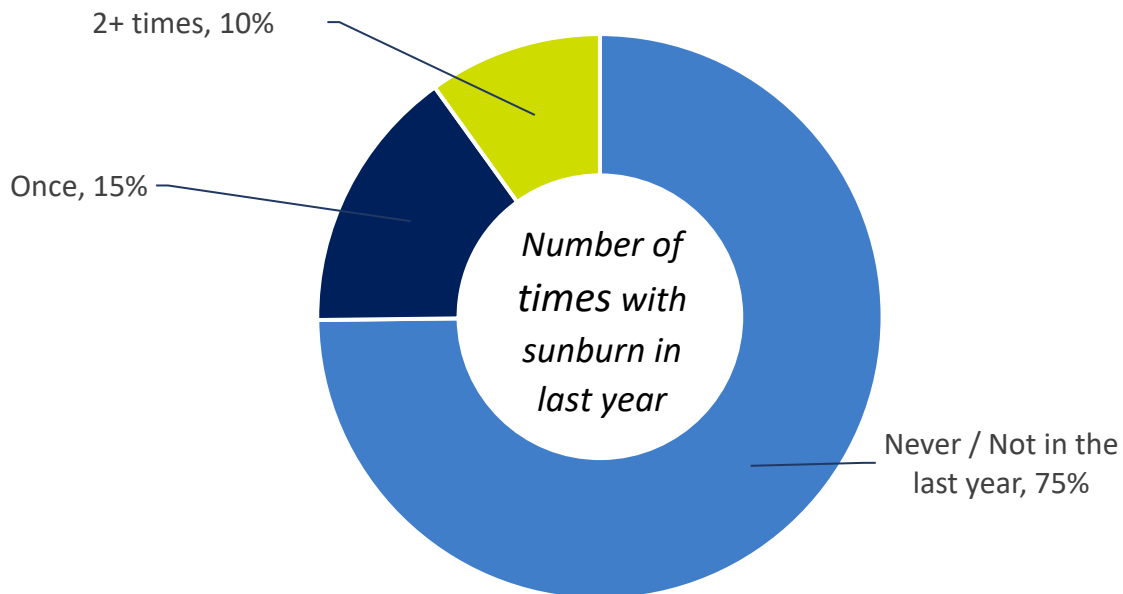


UV	Index levels	Protection
1	Low	No protection required
2		
3	Medium	Protection required
4		
5		
6	High	Extra protection required
7		
8	Very high	Extra protection required
9		
10		
11+	Extremely high	

Sunburn

Three-quarters (75%) of respondents did not have sunburn in the last year (down from 81% in 2012/13), while 15% had sunburn once and a tenth (10%) had sunburn on two or more occasions (double that of 5% in 2012/13).

Number of times in last year that respondents had sunburn

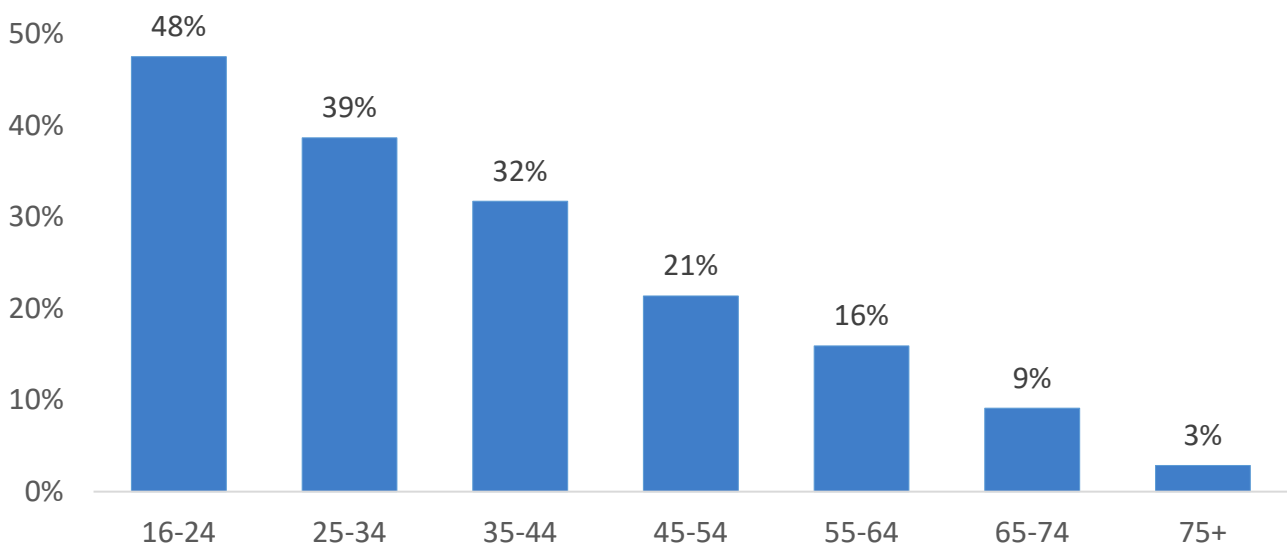


There was no difference between males and females.

Sunburn by age

The proportion of respondent that had sunburn in the last year decreased with age. Almost half (48%) of respondents aged 16-24 had sunburn at least once in the last year, while this was true for 3% of those aged 75+.

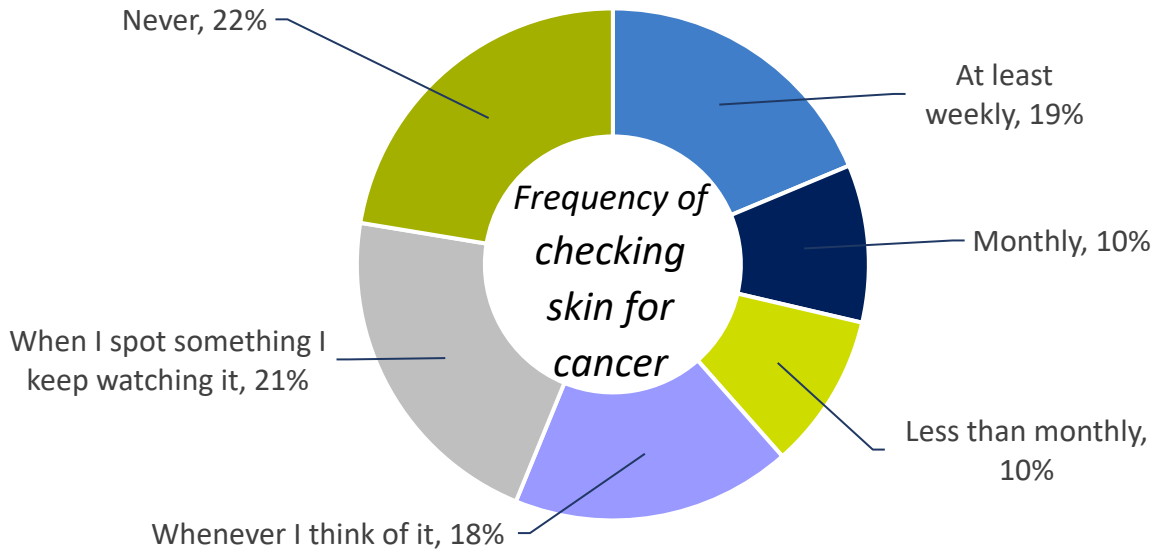
Proportion of respondents that had sunburn at least once in last year by age



Checking skin for changes that would indicate skin cancer

Less than a third (29%) of respondents checked their skin at least once a month for change that would indicate skin cancer (up from 25% in 2012/13). Over a fifth admitted that they never checked their skin for signs of skin cancer (down from 36% in 2012/13).

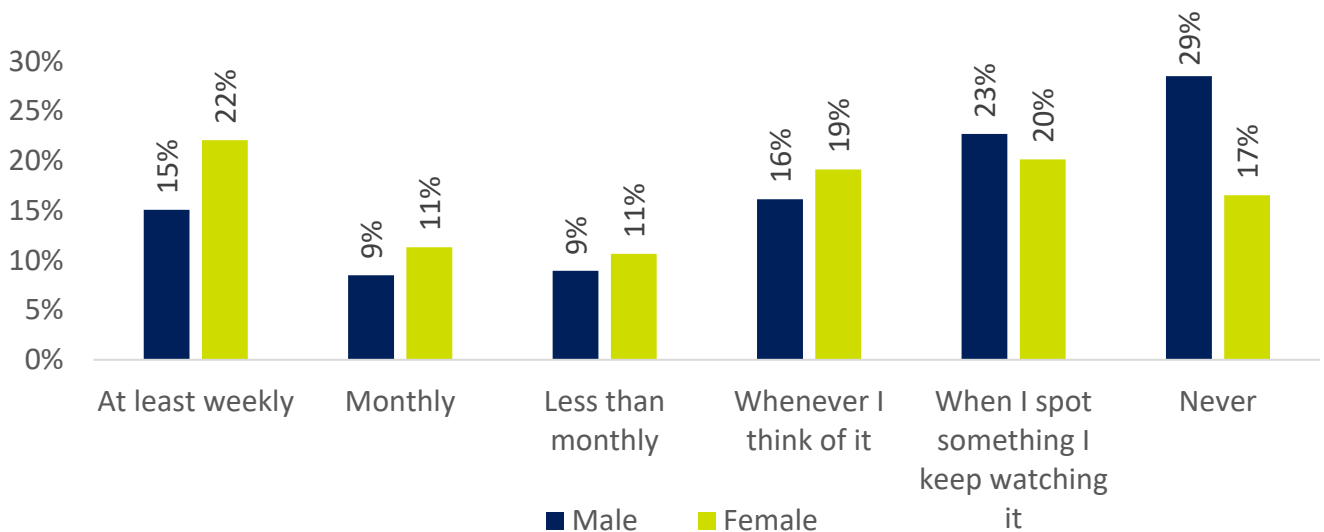
Frequency of checking skin for changes that would indicate skin cancer



Checking skin for changes that would indicate skin cancer by sex

Males (29%) were more likely than females (17%) to never check their skin for changes that would indicate skin cancer. This was an improvement from 2012/13 when 45% of males and 28% of females never checked their skin. Less than a quarter (24%) of males checked their skin at least once a month compared with a third (33%) of females.

Frequency of checking skin for changes that would indicate skin cancer by sex



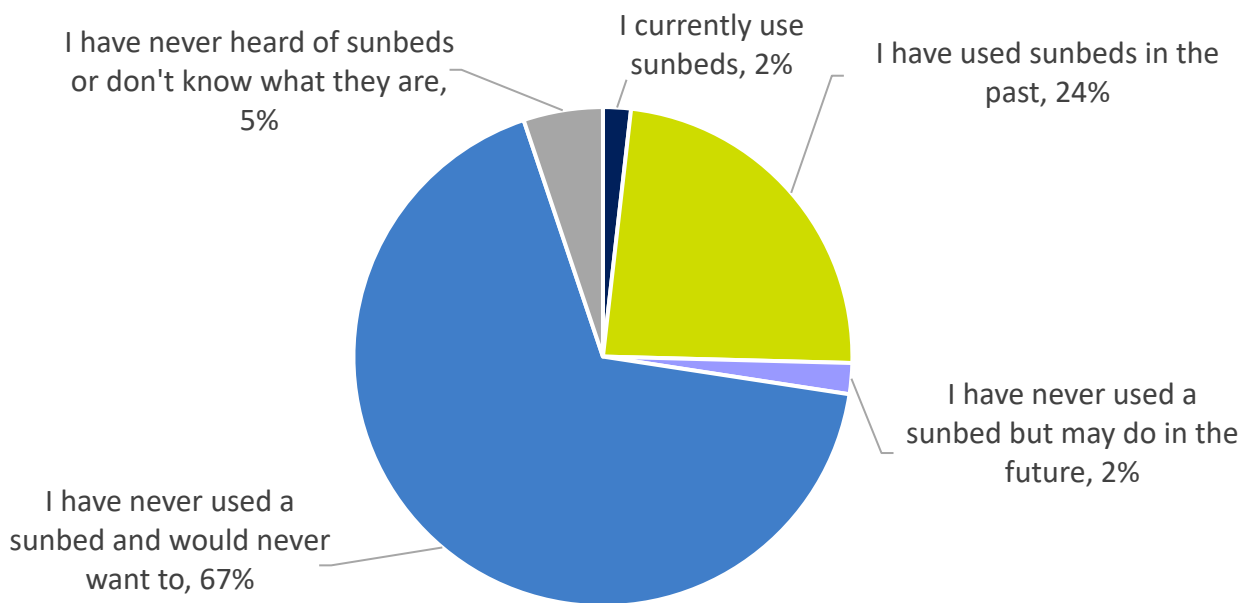
Sunbed use

In 2021/22, 2% of respondents used sunbeds (similar to previous years). Females (3%) were more likely than males (1%) to use sunbeds.

Two-thirds (67%) of respondents said that they had never used a sunbed and would never want to, with males (79%) more likely than females (57%) to say this.



Use of sunbeds



Of those that had ever used sunbeds, a quarter (25%) said that they used a cream to help them tan faster, while almost three-quarters (73%) used no products to try to tan faster.

The most popular place to use a sunbed was at a sunbed premise / salon (65%), while more than a fifth (22%) went to a beauty salon and 8% used a sunbed at home.

Effects associated with sunbed use

The majority of respondents (91%) associated a higher risk of skin cancer with the use of sunbeds, which almost two-thirds (63%) said it might cause premature skin ageing (e.g., skin wrinkles or age spots) and 57% said it might lead to eye damage.

Those living in the least deprived areas were more likely to associate the negative effects with sunbed use than those in the most deprived areas; such as a higher risk of skin cancer (94% Least deprived; 90% Most deprived), premature skin ageing (73% Least deprived; 62% Most deprived) and eye damage (65% Least deprived; 54% Most deprived).

A proportion of respondents thought that sunbeds provided protection against sunburn from the sun (14%), while a similar proportion (13%) thought that sunbeds increased Vitamin D levels.

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 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 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.

Other publications

The [Wellbeing in Northern Ireland Report 2021/22 | The Executive Office \(executiveoffice-ni.gov.uk\)](#) report presents estimates for Northern Ireland on loneliness, self-efficacy, personal wellbeing and locus of control.