Healthy Ireland Survey 2022

Summary Report

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Le ceannach díreach ó
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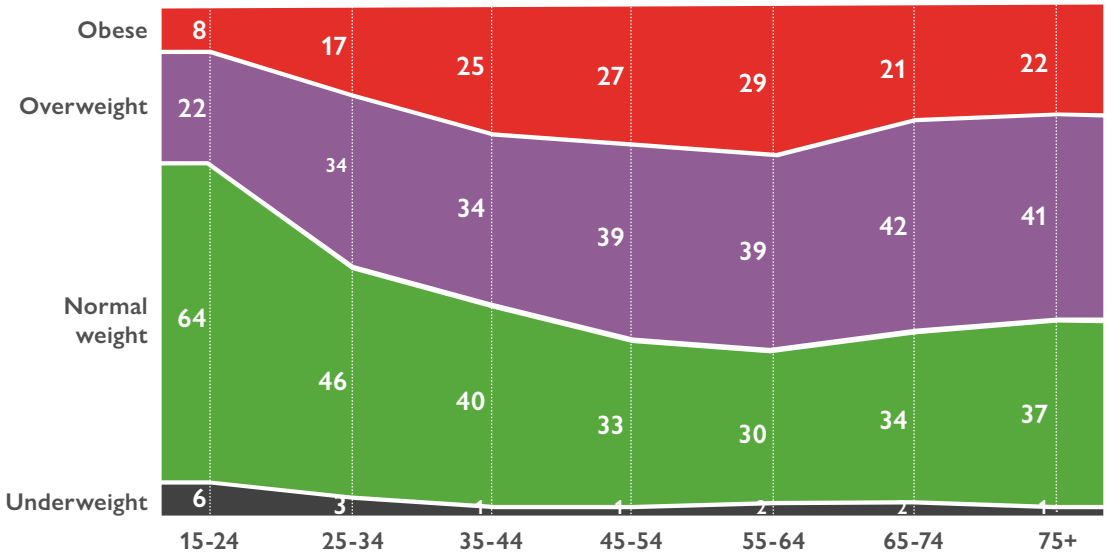
Executive Summary

SMOKING

PREVALENCE OF SMOKING - BY YEAR

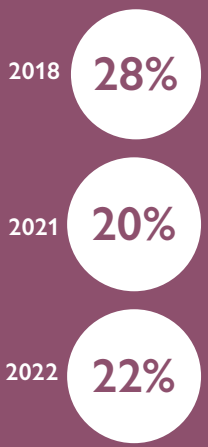
WEIGHT MANAGEMENT

BMI BY AGE (%)

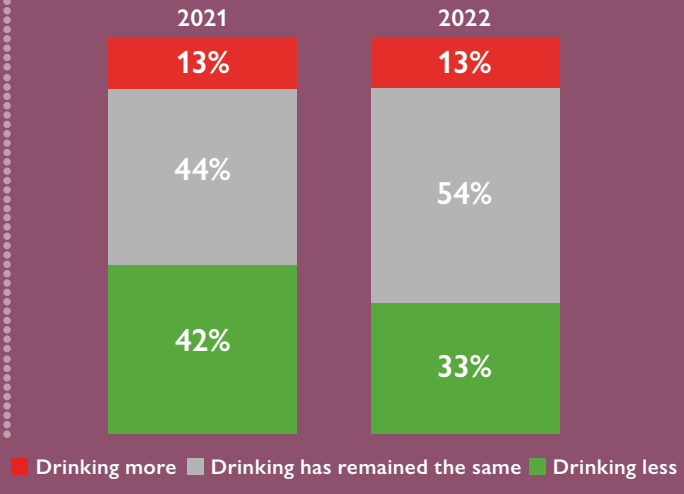


ALCOHOL

INCIDENCE OF BINGE DRINKING IN THE POPULATION

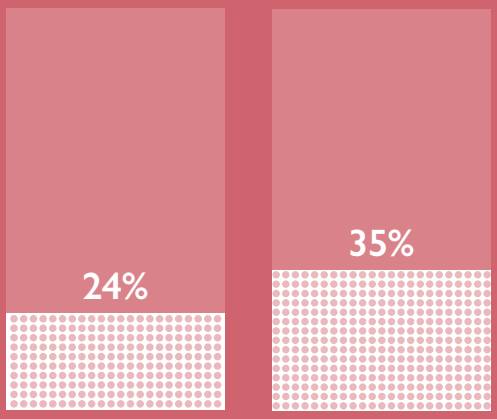


CHANGES IN DRINKING BEHAVIOUR SINCE THE START OF THE COVID-19 PANDEMIC

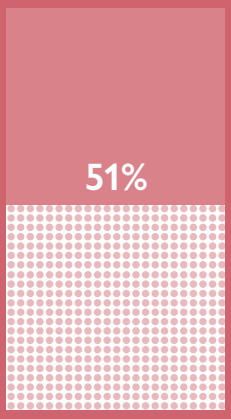


MENSTRUAL HEALTH & PERIOD POVERTY

REPORT AN INDICATOR OF PERIOD POVERTY



LIMITED IN EVERYDAY ACTIVITIES DUE TO PERIOD SYMPTOMS



HEALTH SERVICE UTILISATION

Visited a GP in past 12 months

2019	2021	2022
73%	66%	71%

Average number of GP visits in past 12 months

2019	2021	2022
4.5 Visits	3.3 Visits	3.8 Visits

SUICIDE AWARENESS

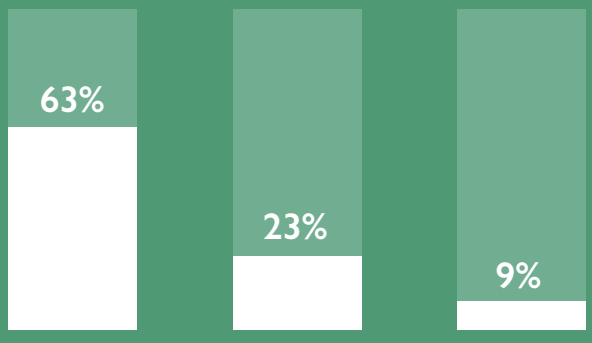
67% Know someone who has died by suicide

14% Know someone close to them who has died in this way

DENTAL & ORAL HEALTH

49% Visited a dentist in the past year

MOST COMMON REASONS TO VISIT DENTIST



Introduction

The Healthy Ireland Survey is an interviewer-administered survey of health and health behaviours of people living in Ireland, commissioned by the Department of Health and carried out by Ipsos.

Since its inception in 2015 six waves of the survey have been completed.[1] Each wave involves a sample of approximately 7,500 individuals representative of the population aged 15 and older. The first five waves (from 2015 to 2019) were completed using face-to-face interviews, and the two most recent waves (2021 and 2022) were completed using telephone to ensure optimal infection control during the COVID-19 pandemic.

Due to the necessary public health restrictions during the COVID-19 pandemic it was not possible to complete the 2020 survey.

Fieldwork for the 2022 survey took place between November 2021 and July 2022. This was a period during which public health restrictions were eased before being reintroduced and subsequently removed from most settings.

The Healthy Ireland Survey forms a core element of the Healthy Ireland Framework and subsequent Healthy Ireland Strategic Action Plan, in providing a significant part of the research, monitoring and evaluation required to assess the impact of policy implementation.

The objectives of the Healthy Ireland Survey are to:

- Provide and report on current and credible data in order to enhance the monitoring and assessment of the various policy initiatives under the Framework
- Support and enhance Ireland's ability to meet many of its international reporting obligations
- Feed into the Outcomes Framework for Healthy Ireland and contribute to assessing, monitoring and realising the benefits of the overall health reform strategy
- Allow targeted monitoring where necessary, with an outcomes-focused approach, leading to enhanced responsiveness and agility from a policy-making perspective
- Support the Department of Health in ongoing engagement and awareness-raising activities in the various policy areas and support better understanding of policy priorities

1 Summary reports for six survey waves (waves 1 to 5 and 7) are available on https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave/. Fieldwork on wave 6 was already underway when the COVID-19 pandemic began and was abandoned due to the necessary public health restrictions.

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

- General health
- Smoking
- Alcohol
- Weight management
- Health service utilisation
- Dental and oral health
- Skin protection
- Menstrual health and period poverty
- Suicide awareness
- Impact of COVID-19 on health behaviours

Where appropriate, survey results are compared to results of the previous six waves of this survey conducted between 2015 and 2021. However, some caution is needed when comparing results to survey waves prior to 2021 due to the change in survey methodology from face-to-face to telephone. Further discussion on this issue is included in the technical details at the end of this report.

Survey fieldwork is currently underway on the ninth wave of the survey, and it is expected that the results of that wave will be published in autumn 2023.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1. General Health

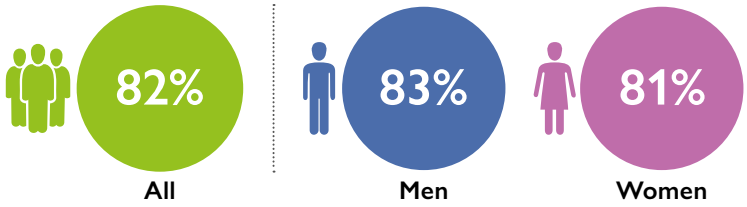
1. General Health

Self-reported Health

- Respondents were asked to rate their general health on a five-point scale from 'very good' to 'very bad'.

- Overall, 82% of respondents perceived their health as 'good' or 'very good', a 2-point decline since 2021. In contrast, 3% of respondents perceived their health as 'bad' or 'very bad'.

Proportion rating health as good or very good



- General 'good' health declines with age. 92% of 15–24-year-olds rate their health as 'good' or 'very good' compared to 64% of respondents aged 65 and older.

- Those with a Leaving Certificate education or higher are significantly more likely to report being in good health than those who did not attain a Leaving Certificate (87% and 69% respectively). Employment status is also indicative of self-reported health, those who are employed (90%) or are students (91%) are significantly more likely to report good health than those who are unemployed (76%).

- 76% of current tobacco smokers rate their health as being good, while 86% of those who have never smoked give the same rating.

Proportion rating health as 'good' or 'very good' - by age and gender (%)

	15-24	25-34	35-44	45-54	55-64	65+
Male	93	89	87	81	74	71
Female	91	88	89	80	75	63

Prevalence of Certain Health Conditions

- 31% have a long-standing illness or health problem, lasting at least 6 months or more.

- Those aged 65 and older (53%) are significantly more likely than those aged under 45 (18%) to report a long-standing illness or health problem.

- Females are also more likely than males to report long-standing health conditions (34% and 28% respectively).

- Respondents reported whether they had been medically diagnosed with a long-term illness, based on a list of 25 of the most common conditions. High blood pressure (7%), Diabetes (5%), Arthritis (5%), Asthma (4%), Psychiatric diagnoses such as anxiety or depression (3%), and High Cholesterol (3%) were the most prevalent conditions reported.[1]

Prevalence of long-term health conditions confirmed by a medical diagnosis - by age and gender (%)

	All	Gender	Total	15-24	25-34	35-44	45-54	55-64	65+
High Blood Pressure	**7**	M	**6**	0	1	2	6	11	15
		F	**8**	0	1	1	6	9	27
Diabetes	**5**	M	**6**	0	0	3	7	10	16
		F	**4**	1	1	1	2	6	10
Arthritis	**5**	M	**3**	0	0	2	4	5	11
		F	**7**	1	1	2	7	13	21
Asthma	**4**	M	**3**	5	3	3	3	2	3
		F	**4**	6	3	4	4	4	5
Emotional, nervous or psychiatric diagnosis	**3**	M	**2**	2	2	4	2	3	2
		F	**4**	5	3	4	3	6	3
High Cholesterol	**3**	M	**3**	0	0	1	2	5	8
		F	**4**	0	0	0	3	5	14

Limitations in Everyday Activities

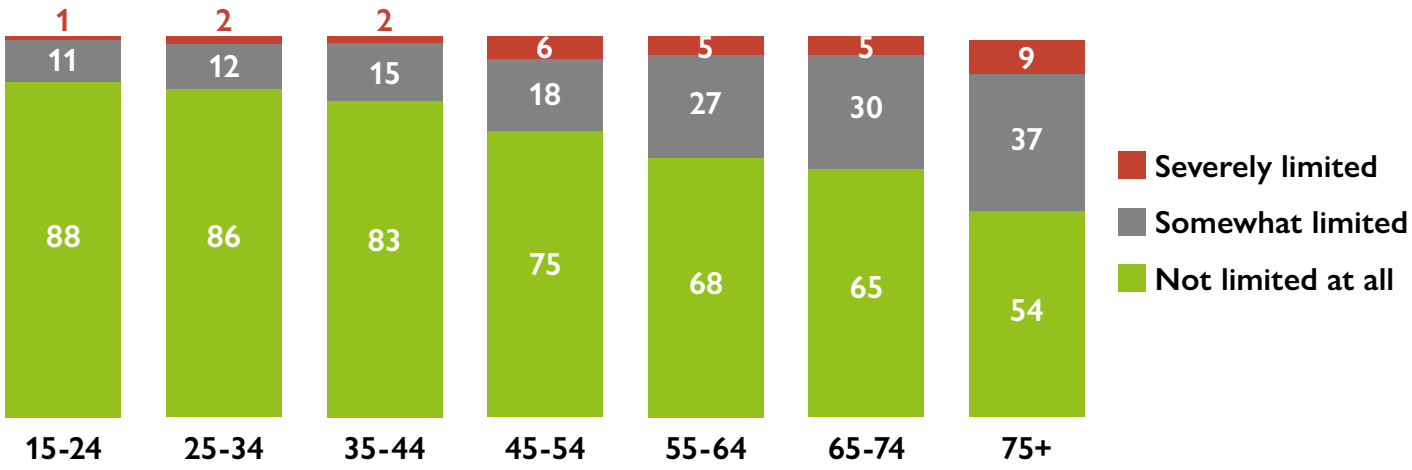
- 23% of respondents reported being limited in their everyday activities due to health problems. 19% of those are somewhat limited, while 4% are severely limited. This compares to 14% and 3% respectively in 2021.

- Those with long-standing health conditions have significantly higher rates of limited activities (62%), with 11% of those with long-term conditions stating they are severely limited, and 51% stating they are somewhat limited on a daily basis.

- Health problems are significantly more likely to limit the everyday activities of those aged 75 and older (46%), than those aged under 35 (13%).

1 Similar to the 2021 survey, the 2022 survey was conducted by telephone. Thus, respondents were not provided with a list of conditions, as was the procedure in all waves prior to 2021. As a result, the statistical prevalence of conditions shown here is consistently lower than in waves collected in years prior to 2021.

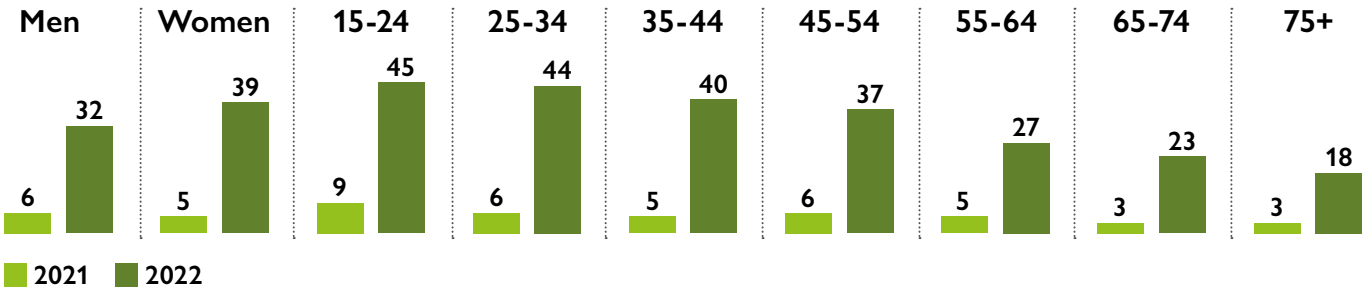
Extent of limitation in everyday activities because of a health problem - by age (%)



General Health and COVID-19

- 36% of respondents reported they had been infected with COVID-19, a 27-point increase from the 2021 survey.[2]
- Women are more likely than men to report that they were infected (39% and 32% respectively). A consistent gender gap exists across all age groups.
- Those aged under 35 (45%), those who are employed (39%) and students (44%) are significantly more likely than others to report being infected with COVID-19.
- 73% of respondents report that they experienced mild symptoms, while 22% reported severe symptoms.

Currently or previously infected with COVID-19 - by gender and age (%)



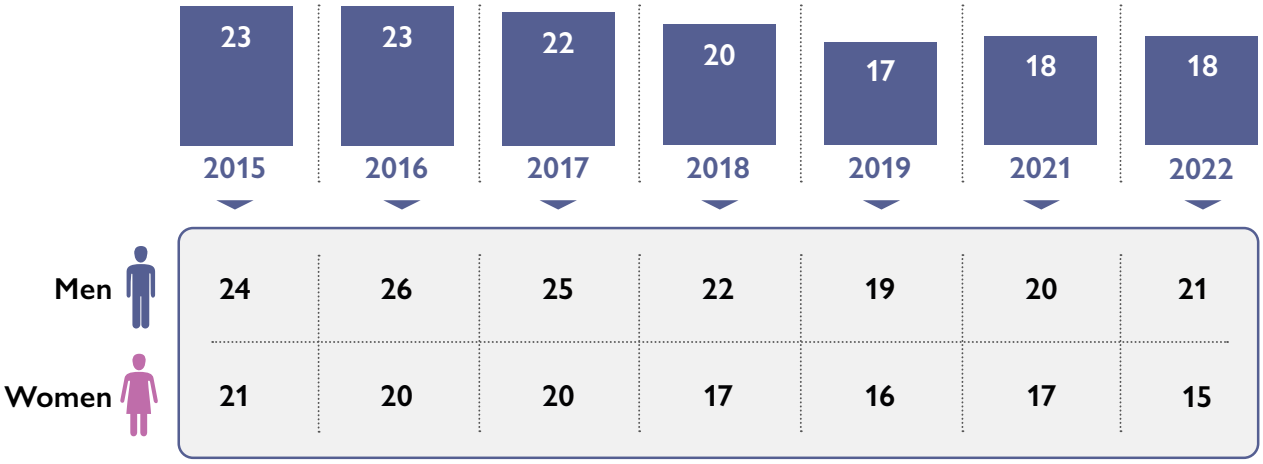
2 Fieldwork was conducted between November 2021 and July 2022. Towards the end of the end of this fieldwork the numbers infected with COVID-19 increased following waves of the Omicron variant in Ireland.

2. Smoking

Prevalence of smoking

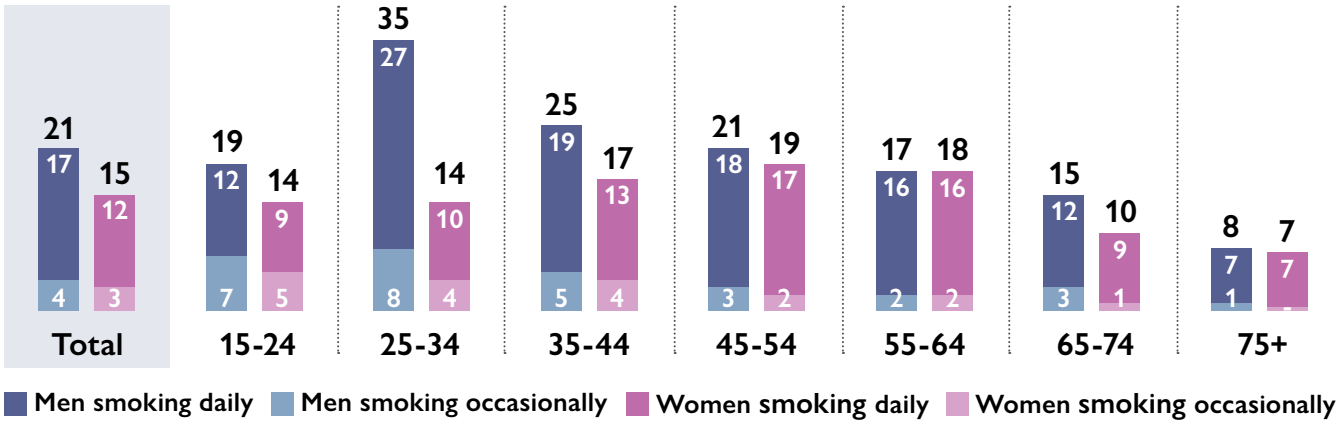
- 18% of the population are current smokers. 14% smoke daily and 4% smoke occasionally.
- The proportion of daily smokers (14%) has declined from 16% in 2021, to return to pre-pandemic levels, as seen in the 2019 survey.

Prevalence of smoking - by year and gender (%)



- A 4-point increase (to 24%) in the proportion of 25-34-year-olds who smoke means that smoking prevalence in this age group has almost returned to the same level reported in the 2019 survey (26%). They are again the age group most likely to smoke, as was the case in all survey waves between 2015 and 2019.
- Men (21%) are more likely to smoke than women (15%). In the youngest age group (15-24), 19% of men and 14% of women are current smokers.
- Smoking rates remain higher for those who are unemployed (39%) than those in employment (19%). They also remain higher among those who have not completed the Leaving Certificate (21%) than those with a Leaving Certificate or higher (17%).

Prevalence of smoking - daily and occasional smoking - by age and gender (%)



Smoking & health outcomes

- Both current smokers and ex-smokers are less likely than those who have never smoked to describe their health as good or very good. Roughly three-quarters of current smokers and ex-smokers (76% and 77% respectively) describe their health in this way, compared with 86% of those who have never smoked.

- Even among under 35 smokers this difference remains persistent, with 85% of current smokers describing their health as good or very good, compared with 93% of those who have never smoked.

- Almost a third (32%) of smokers, and 39% of ex-smokers report having a long-standing illness or health problem. This compares with 27% of those who have never smoked.

- A quarter (26%) of smokers, and 29% of ex-smokers report being limited in everyday activities because of health problems. In contrast, 19% of those who have never smoked report the same.

- A sizeable difference in frequency of GP visits exists between ex-smokers and those who have never smoked. Ex-smokers are more likely than those who have never smoked both to have visited a GP during the previous 12 months (77% and 69% respectively), and have more regular visits (averages of 4.9 and 3.3 visits respectively).

Quitting smoking

- 26% of the population are ex-smokers. In all age groups over the age of 35, there are more ex-smokers than current smokers. The difference is largest among those aged 75 and older where 42% are ex-smokers, compared with 8% who currently smoke.

- 46% of those who have smoked in the past year have attempted to quit smoking, with 23% of this group successfully quitting smoking.

- Just over half (58%) of current smokers aged between 15 and 24 made an attempt to quit during the past year.

- 29% of smokers are either trying to quit or actively planning on doing so. Among those aged 25-34 (the age group most likely to smoke), 35% are either trying to quit or actively planning on doing so.

- Two-thirds (66%) of those who have successfully quit smoking during the past year did so using willpower alone. Roughly a fifth (22%) report using e-cigarettes as a quitting aid, and 10% used nicotine patches, gum, lozenges or sprays.

- Just under a fifth (18%) of smokers who saw their GP during the past 12 months discussed ways of quitting smoking – a decline from 38% in 2019.

E-cigarettes

- 6% of the population currently use e-cigarettes either daily (3%) or occasionally (3%), with a further 13% reporting that they have tried them in the past but no longer use them.

- Usage of e-cigarettes is highest among those aged under 25 with 11% in this age group currently using them either daily or occasionally.

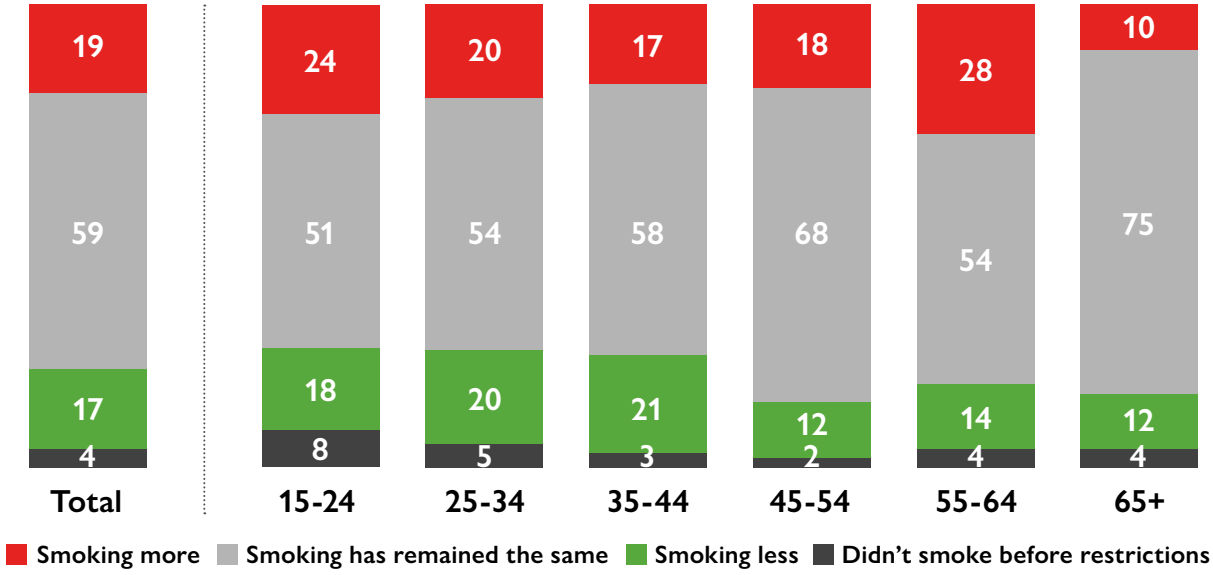
- 10% of daily smokers, and 24% of occasional smokers use e-cigarettes either daily or occasionally. In total, 13% of current smokers and 12% of ex-smokers use e-cigarettes at least occasionally.

Smoking and COVID-19

- A fifth (20%) of smokers report that they now smoke more compared to before the COVID-19 pandemic. This is a decline from 28% in the 2021 survey. 17% of smokers say they now smoke less.

- Smokers aged between 55 and 64 are most likely to report an increase in the amount smoked, with 28% reporting that they now smoke more. Smokers who are in employment are least likely to report smoking more (16%), with 21% reporting they smoke less.

Smoking behaviour compared to the period before the COVID-19 restrictions - by age (%)



3. Alcohol

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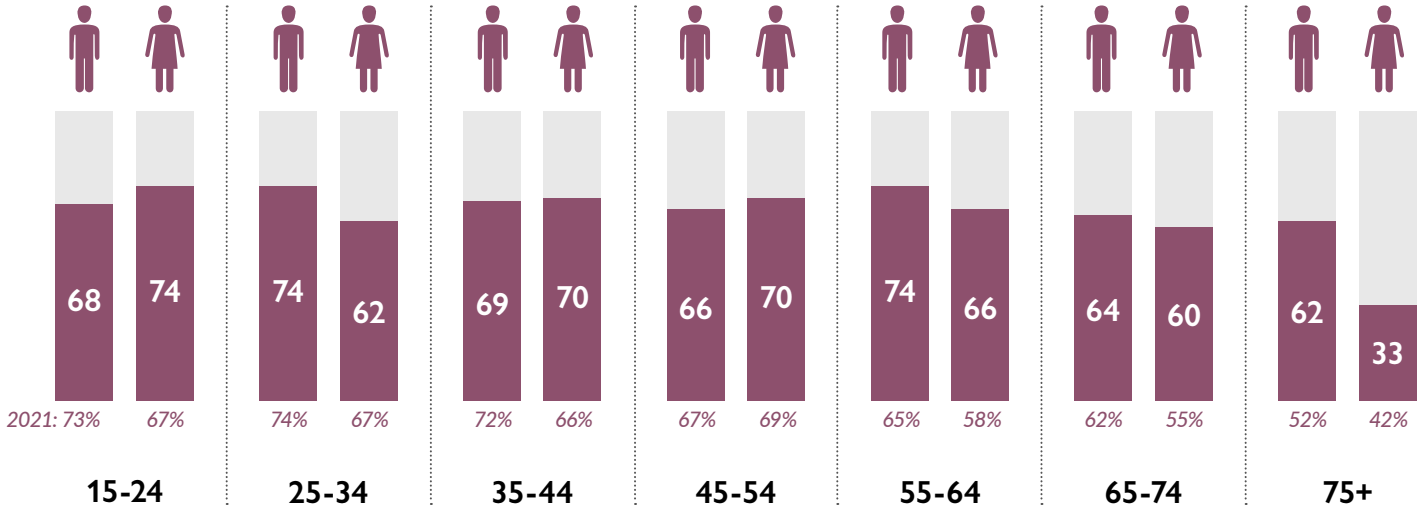
3. Alcohol

- 67% of Irish respondents over the age of 15 reported they had consumed alcohol in the previous 6 months.
- The 15-34 age group remains most likely to have consumed alcohol in the previous 6 months. 71% of 15–24-year-olds and 68% of 25-34-year-olds consumed alcohol during the previous 6 months. Those aged 75 and above (47%) are the least likely to have consumed alcohol during this period.
- Gender differences in alcohol consumption are small, with men (69%) slightly more likely than women (65%) to have consumed alcohol in the prior 6 months.

Proportion who consumed alcohol in previous 6-month period - by gender and age (%)



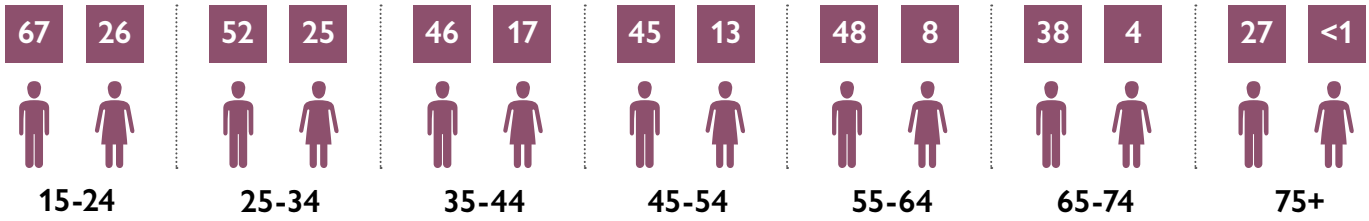
- Roughly half (55%) who had consumed alcohol in the previous 6 months reported they normally drink at least once a week, with 32% drinking multiple times a week.
- Men drink alcohol more frequently than women. 36% of male drinkers drink alcohol more than once a week, compared to 27% of female drinkers. These figures are broadly unchanged since 2021.
- There has been a decline in drinking frequency among 35-44-year-olds. Just over half (51%) of drinkers in this age group drink at least once a week, with 26% doing so multiple times a week. This compares with 60% and 36% respectively in 2021.
- Drinking frequency among those aged 65 and older has increased since 2021. Roughly two-thirds (67%) of drinkers aged over 65 drink alcohol at least once a week (2021: 62%). Among the youngest age group, 38% of drinkers aged under 25 drink this frequently (2021: 34%).
- 13% of drinkers report they drink more now than they did at the start of COVID-19 restrictions in March 2020. Just over half (54%) report drinking the same as prior to the restrictions, and 33% report that they now drink less. The comparative figures in the 2021 survey were 13%, 44% and 42% respectively.

Binge drinking (any single occasion where 6 or more standard drinks are consumed)

- 32% of those who consumed alcohol in the previous 6 months are considered binge drinkers. This is higher than was measured in 2021 (22%), but remains behind the levels of binge drinking measured in 2018 (37%).

- This means that 22% of the population (aged 15+) are categorised as binge drinkers, compared with 20% in 2021, and 28% in 2018.

Drinkers who binge drink - by age and gender (%)

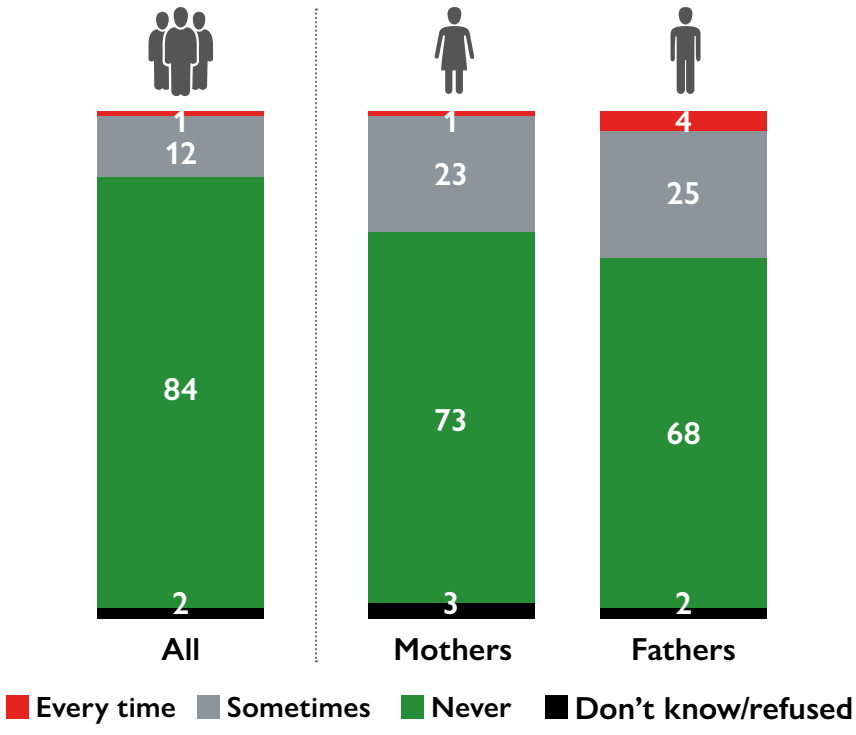


- As with previous waves, men (48%) are more likely to binge drink than women (16%). However, the gender gap in binge drinking has returned to pre-pandemic levels having narrowed considerably in the 2021 survey (men: 35%, women: 10%).

- Drinkers aged under 25 remain more likely than other drinkers to binge drink on a typical drinking occasion (46%). However, while the proportion of men in this age group who binge drink on a typical drinking occasion has returned to pre-pandemic levels, the proportion of women who do so remains lower (2018 - men aged under 25: 67%, women aged under 25: 37%).

- 13% of those who have consumed 6 or more drinks on a single occasion within the last 6 months report that children aged under 16 are present on at least some of these occasions. 27% of parents who have drunk in this way report the same – 29% of fathers and 24% of mothers.

Presence of children aged under 16 while binge drinking (%)



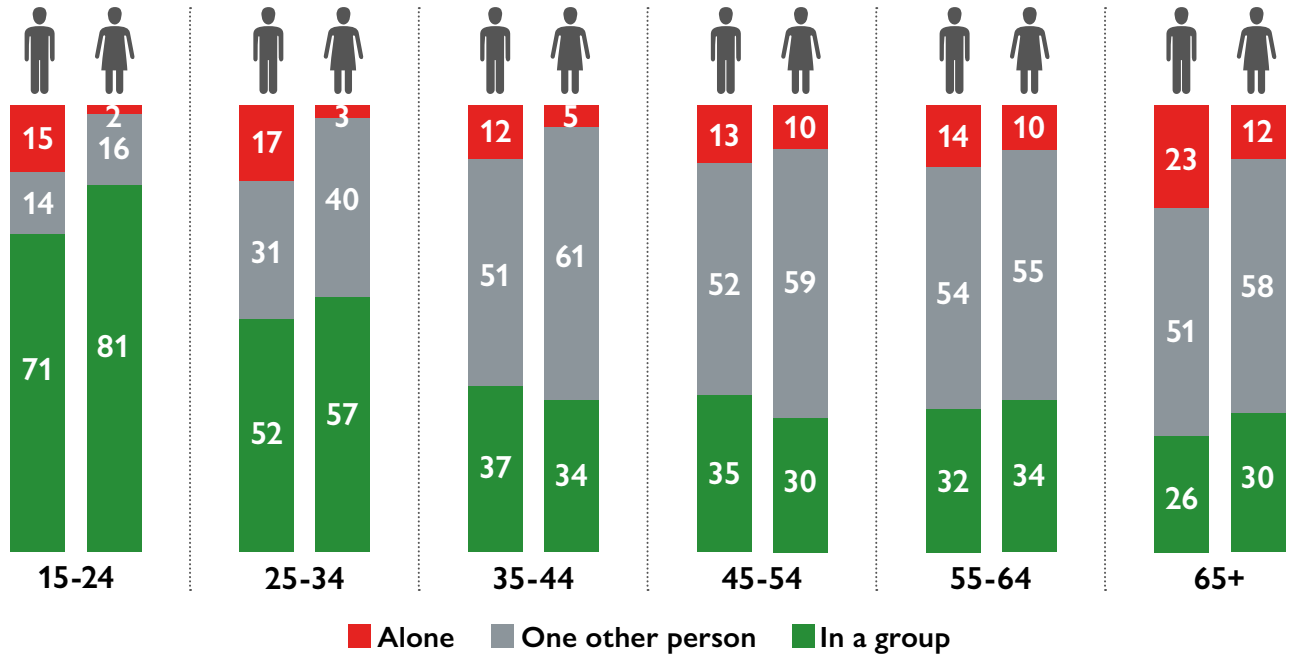
Drinking and social environments

- When recalling the last day they consumed alcohol, 45% reported drinking with one other person, 43% reported drinking with a group of people, and 11% reported drinking alone.

- Men (16%) are significantly more likely than women (7%) to drink alone. Similarly, those who are unemployed and those retired are more likely to drink alone (21% and 17% respectively).

- Drinkers aged over 65 are more likely than other age groups to drink alone (19%), with 23% of men and 11% of women reporting that they drink in this way.

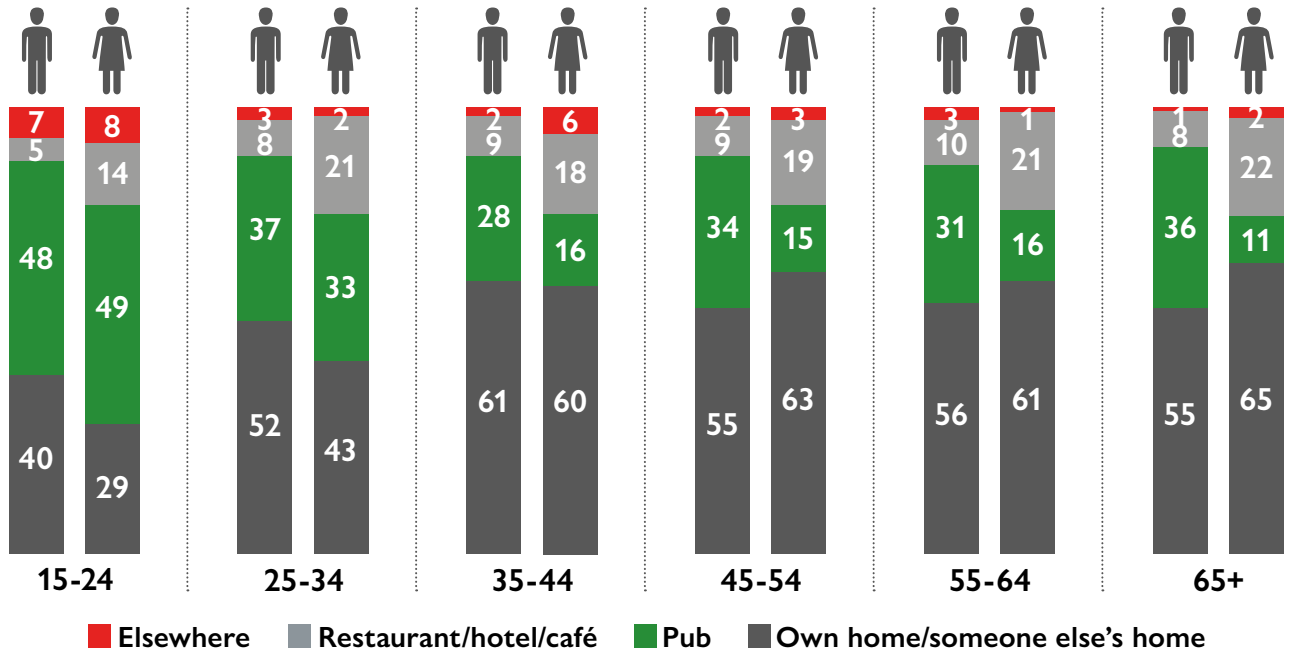
Drinking alone or in company - most recent drinking occasion (%)



- Thinking of the last time they consumed alcohol, 44% reported that it took place in their own home. Just under a third (30%) drank in a pub, with 13% drinking in a restaurant, hotel or café, and 10% drinking in someone else's home.

- The majority (53%) of drinkers aged 35 or older report that their most recent drinking occasion was in their own home, with little difference across age groups older than 35. Less than a quarter (23%) of drinkers aged 35 or older reported drinking in a pub. In contrast, drinkers younger than this are more likely to drink in a pub (42%), and less likely to drink in their own home (26%).

Location for drinking - most recent drinking occasion (%)



- Those who drink in a home or in public are most likely to have purchased their alcohol in a supermarket (68%). Convenience shops and standalone off-licences account for 13% and 11% of purchases respectively.

- Younger drinkers (aged under 25) are less likely to have purchased their alcohol in a convenience shop (19%), and more likely to have purchased in a supermarket (53%).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4. Weight Management

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4. Weight Management

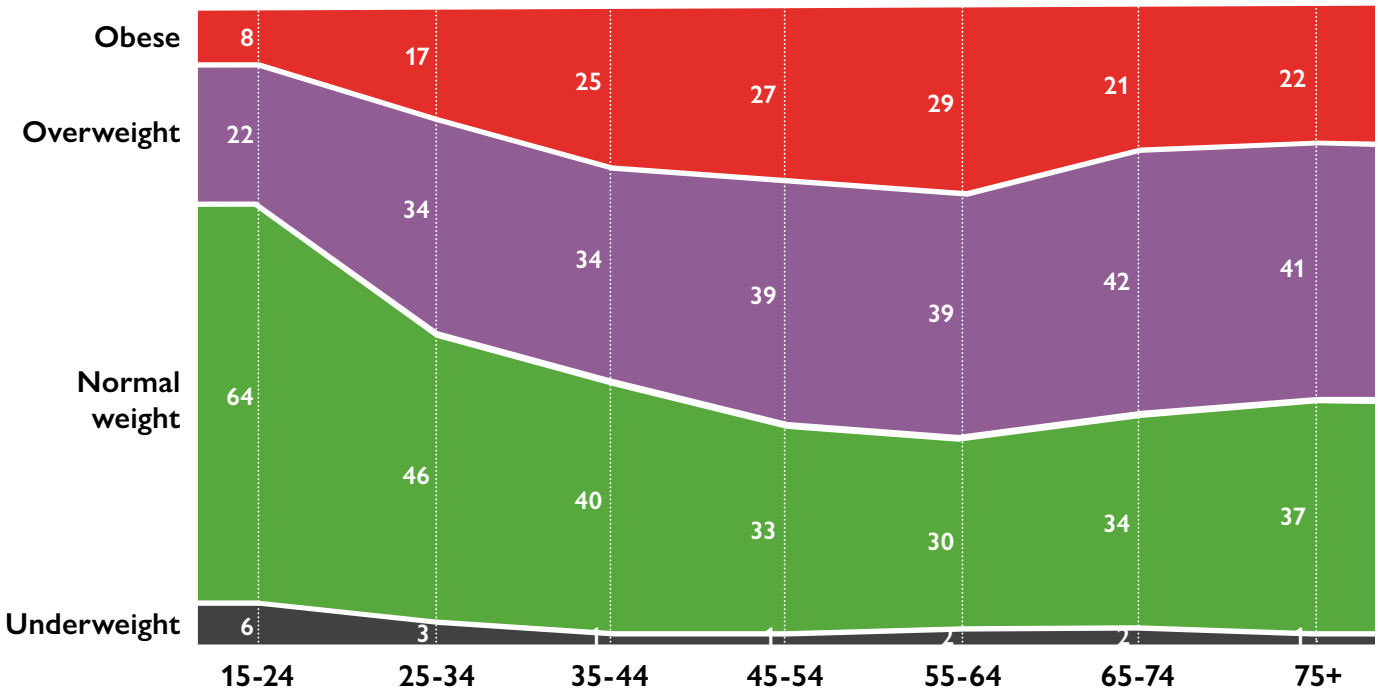
As interviewing for this survey wave was conducted by telephone it was not possible for interviewers to weigh or measure survey respondents in the same way as on previous waves. Participants were instead asked to self-report their current weight, height and waist circumference. Of the total number of survey respondents, 96% (n = 7,192) participated in this module with 86% of this group reporting that they felt that all of the measurements they provided were an accurate reflection of their normal state. It should be noted that previous international studies have shown that self-reported weight is underestimated by approximately 10%. The figures reported here may overestimate reductions in population weight since the last weight measurements in 2019, as a result of this effect.

Body weight/BMI

- The results of this wave of the survey find that 41% of the population report a normal weight, 35% report that they are overweight and 21% report that they are obese. 2% report that they are underweight.

- These figures are only slightly different from the actual measurements obtained in the 2019 survey when 37% had a normal weight, 37% were overweight and 23% were obese.

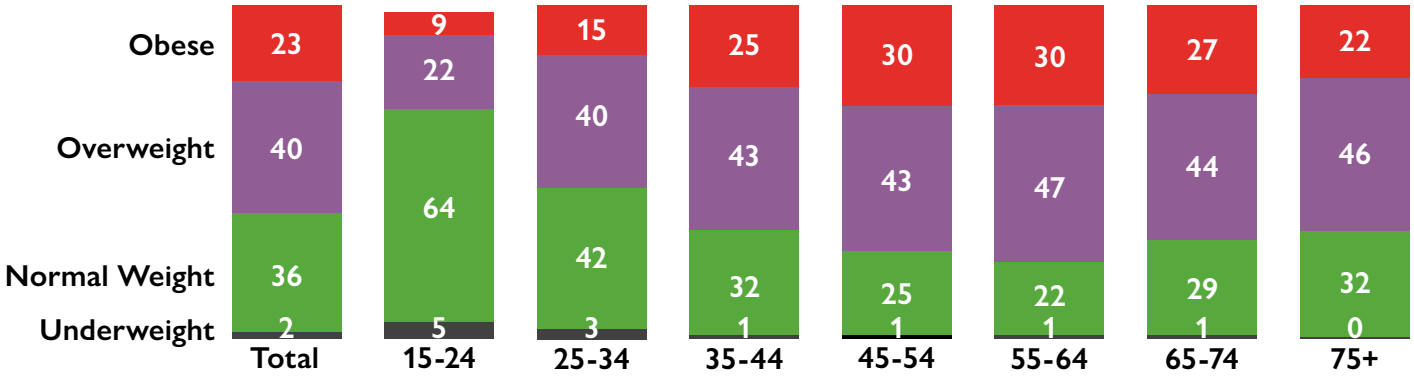
BMI by age (%)



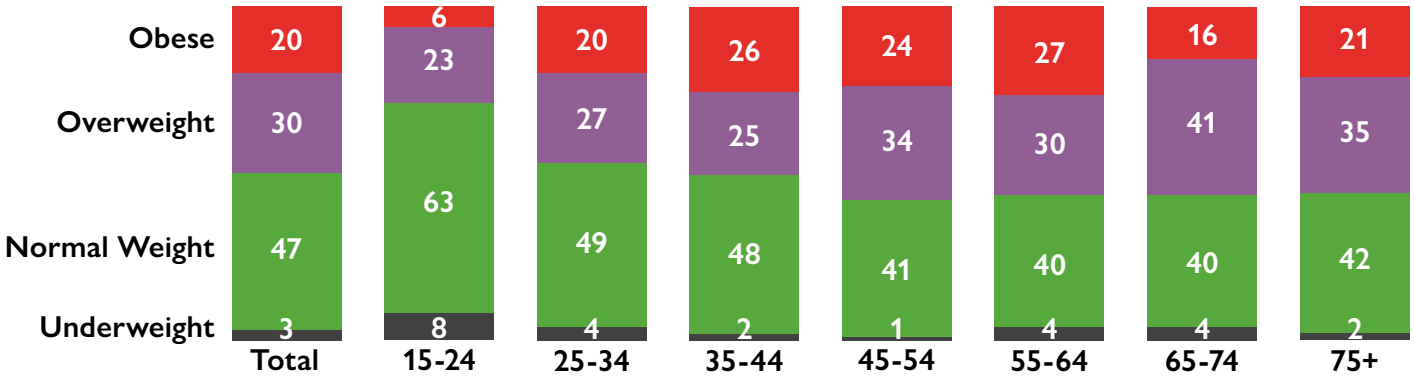
- As in the 2019 survey, men are more likely than women to report being overweight or obese (63% and 50% respectively).

- Similarly, as was the case in previous waves, there is a growing gap across much of the life course in terms of the proportion of men and women that are overweight. Among those aged between 15 and 24 roughly the same proportion of men and women report a normal weight (64% and 63% respectively). However, this gap widens among older age groups with an 18-point gap between the genders among those aged between 55 and 64 (22% of men and 40% of women in this age group report a normal weight).

BMI by gender and age - Men (%)



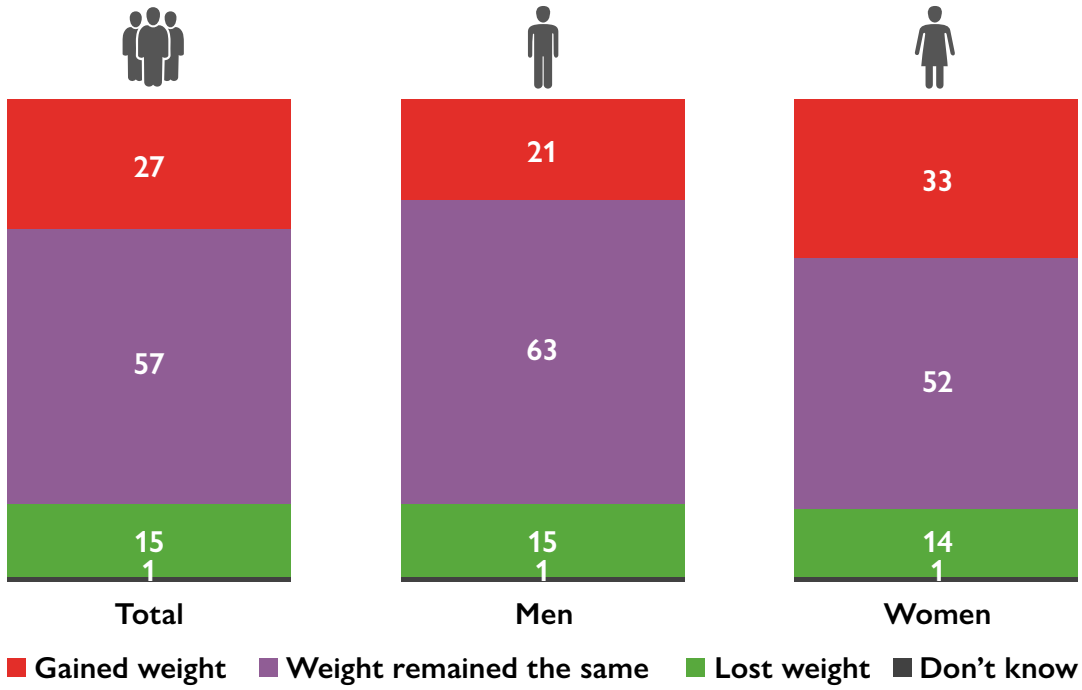
BMI by gender and age - Women (%)



Changes in weight

- Just over a quarter (27%) report that they have gained weight since the start of the COVID-19 restrictions, with 15% reporting a weight loss and 57% reporting that their weight has remained about the same.

Changes in weight by gender (%)



- These results are broadly similar to the 2021 survey wave when 29% reported a weight gain and 11% reported a weight loss, while 58% then reported that their weight remained about the same.

- As with the previous wave, women are more likely than men to report a weight gain (33% and 21% respectively). Women aged between 45 and 54 are the group most likely to report a weight increase (43%).

- Two-thirds (66%) of those who have gained weight report that they are overweight or obese, compared with 47% of those who have lost weight and 45% whose weight has remained about the same.

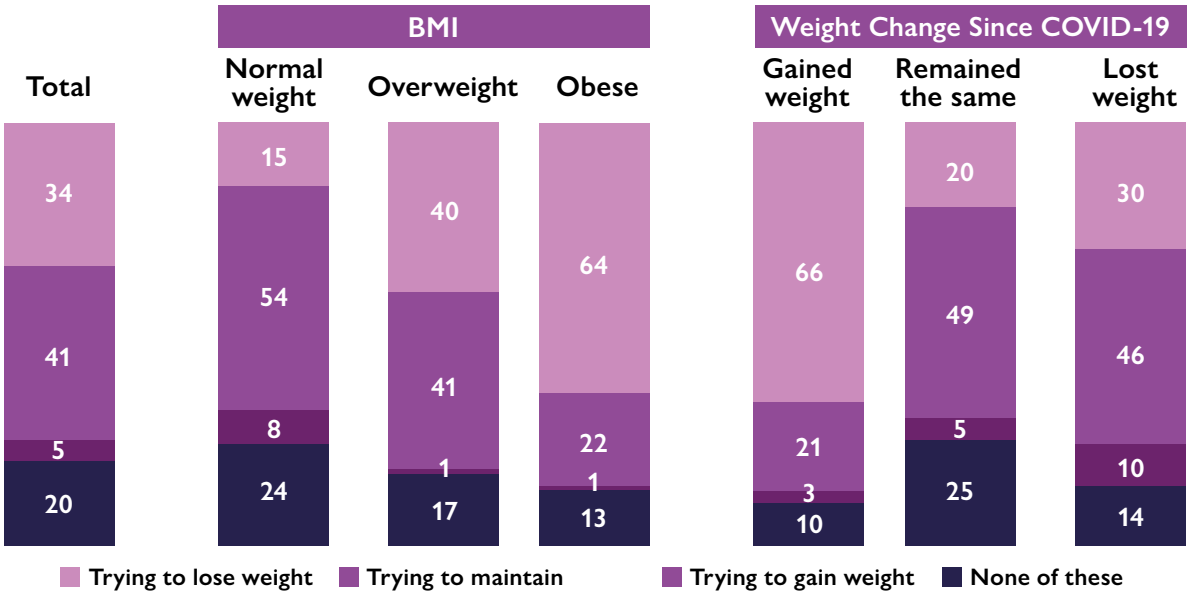
Weight management

- Roughly a third (34%) report that they are currently trying to lose weight. This is at the same proportion as measured on previous waves of this survey. The current survey results show that 41% are trying to maintain their weight, 5% are trying to gain weight and 20% are not currently doing anything about their weight.

- 40% of those who are overweight and 64% of those who are obese are trying to lose weight. Similarly, two-thirds (66%) of those who have gained weight since the start of the COVID-19 restrictions are trying to lose weight.

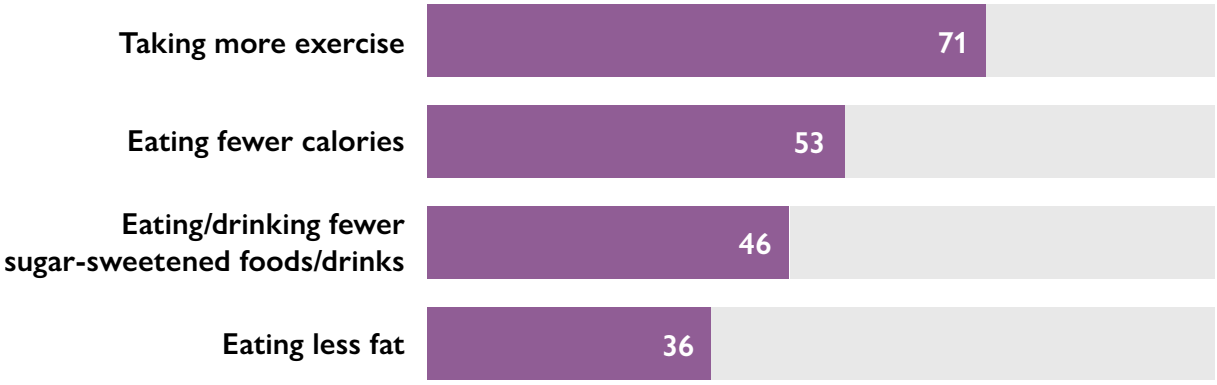
- Of the 5% trying to gain weight, 40% are underweight and 8% are of normal weight.

Weight management – by BMI and weight changes since Covid-19 (%)



- Exercise remains the most common method to lose weight, with 71% of those trying to lose weight reporting that they are taking more exercise or doing more manual labour. Changes to diet are also reported with 53% stating that they are eating fewer calories and 46% that they are eating/drinking fewer sugar-sweetened foods/drinks.

Methods used to lose weight (%)



- Changes to diet are more popular among women than men, with 59% of women who are trying to lose weight reporting that they are eating fewer calories compared with 45% of men. Exercise is more common among 15-24-year-olds trying to lose weight with 82% reporting this. There is a 4-percentage point difference between males (80%) and females (84%) in this age group using exercise to lose weight.

- Differences in methods of weight loss are different depending on current BMI. Those who are obese are less likely than those who are overweight to be taking more exercise (66% and 74% respectively). In contrast, those who are obese are more likely than other groups to report eating less fat (40%).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5. Health Service Utilisation

5. Health Service Utilisation

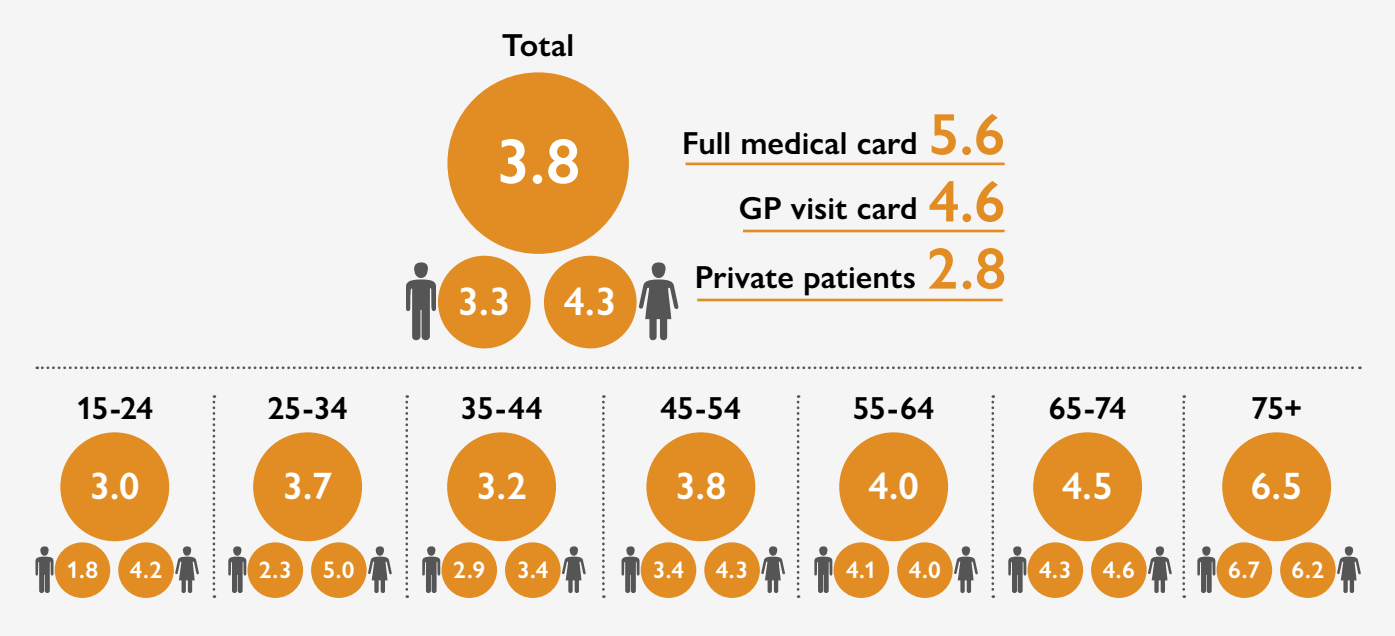
GP usage

- 71% report having visited a GP in the previous 12 months with an average of 3.8 visits per person among all aged 15 and older. This average includes those who have not visited a GP.

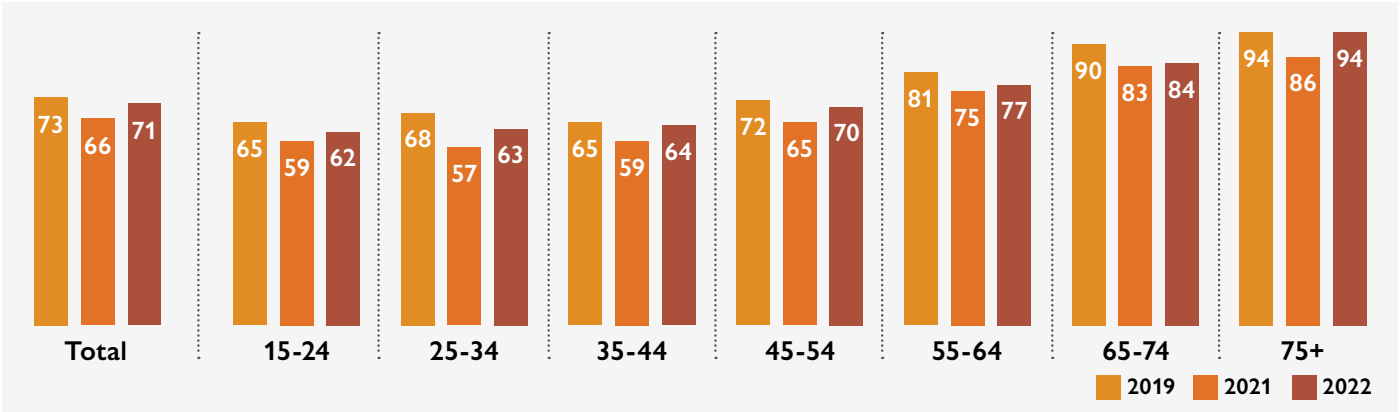
- The proportion visiting a GP and average number of visits are both higher than in the 2021 survey (66% visited a GP, with an average of 3.3 visits per person), but is lower than measured in 2019 (73% visited a GP, with an average of 4.5 visits per person).

- The pattern of GP visits by gender and age is similar to previous years with women more likely than men to visit a GP, and those in older age groups more likely to attend than younger age groups.

Average number of GP visits in the past 12 months



Proportion visiting a GP in past 12 months - 2019-2022 (%)

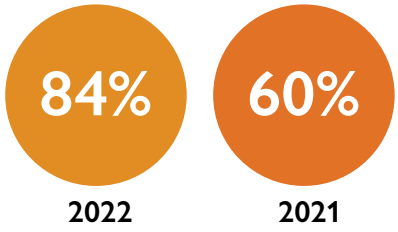


GP visits in the past 12 months - by gender and age (average number of visits)

	Total	Men	Women	15-24	25-34	35-44	45-54	55-64	65-74	75+
Average visits past 12 months with full medical card (GMS card)	**5.6**	5.6	5.6	3.5	7.0	5.9	6.0	5.9	4.8	6.6
Average visits past 12 months with no medical or GP visit card	**2.8**	2.1	3.5	2.7	2.7	2.3	3.0	2.8	4.3	N/A

- 82% of those with a full medical card attended a GP in the past 12 months, with an average of 5.6 visits. This compares to 64% and 2.8 visits among private patients.
- 84% of those attending a GP report that their most recent consultation took place in a GP surgery. This compares with 60% of consultations in 2021.
- 14% of consultations took place over the phone, with 1% taking place online, compared to 37% and 2% respectively, in 2021. Online and over the phone consultations were encouraged in 2021 during COVID-19 restrictions, which may account for the decrease in online and phone consultations this year as patients return to in-person consultations

GP consultations taking place in GP surgery (%)



- 10% have used a GP Out of Hours service during the past 12 months. Unlike overall usage of GPs, younger people are more likely than older people to use this service (under-25: 12%, over-75s: 9%)

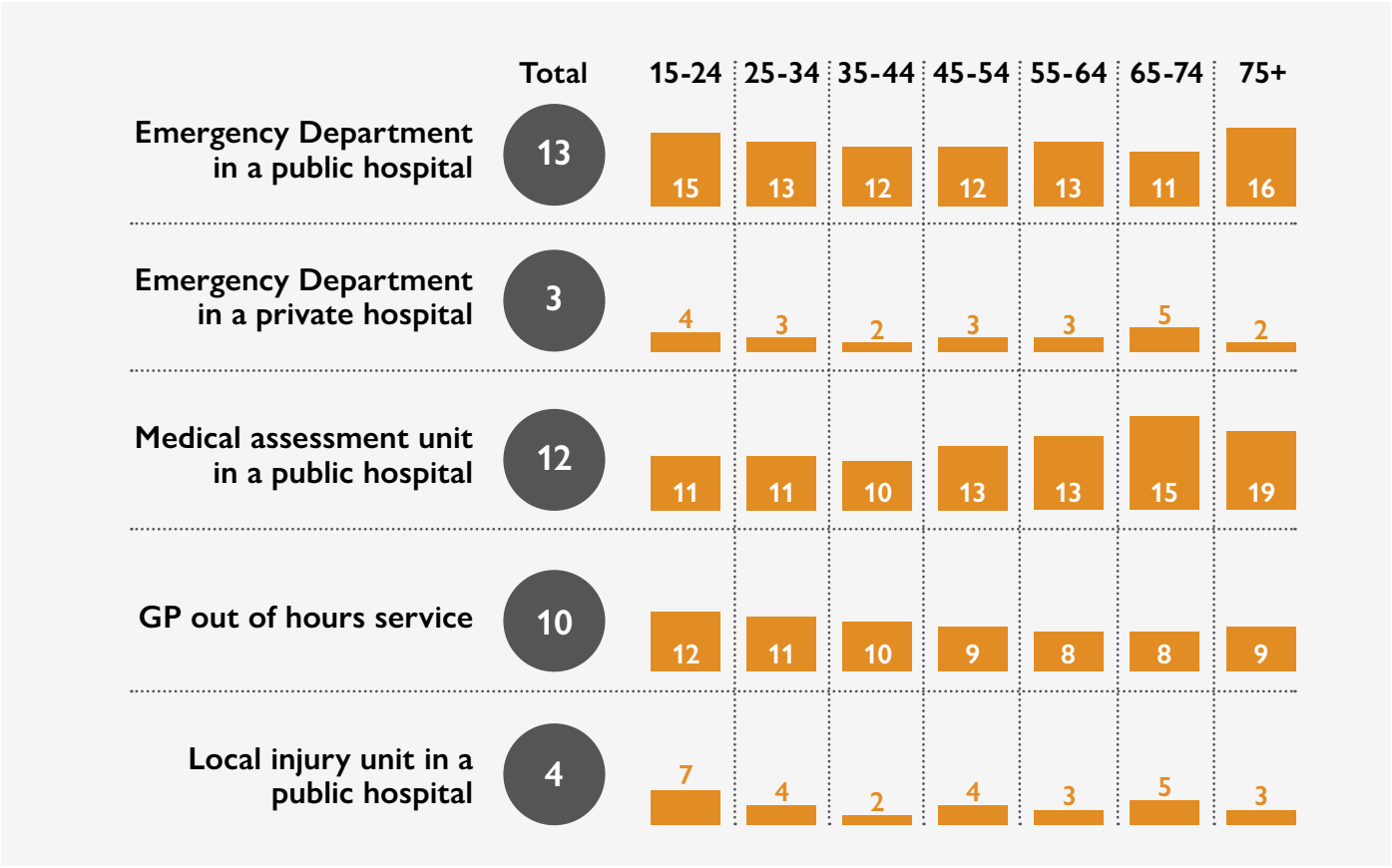
Medical/surgical consultants

- 31% consulted a medical or surgical consultant on their own behalf during the past 12 months. This is slightly higher than the previous time this was measured in 2016 when 27% reported the same.
- As with GP visits, women are more likely than men to have consulted a medical or surgical consultant during the past 12 months (36% and 27% respectively), and those who are older are more likely than younger people to have visited a consultant (aged 55 and older: 38%, aged under 35: 25%).

Hospital admissions and Emergency Departments

- 13% of all aged 15 and older have been admitted to a hospital as an in-patient during the past 12 months. This is the same as measured in 2019 (12%).
- Those aged 75 and older are most likely to have been admitted to hospital, with almost a quarter (24%) spending time in hospital as an in-patient during the past 12 months.
- During the past 12 months 13% of all aged 15 or older have used an emergency department in a public hospital, with 3% using an emergency department in a private hospital. This compares with 10% and 2% respectively in the 2017 survey.
- 13% have used a Medical Assessment Unit in a public hospital during the past 12 months, an increase from 6% in the 2018 survey. Local injury units in public hospitals were used by 4% of those aged 15 and older (2018: 3%).
- 4% of those with private health insurance have used an emergency department in a private hospital, compared with 2% of those without insurance.

Usage of other health services in past 12 months - by age (%)



6. Dental & Oral Health

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6. Dental & Oral Health

Perceptions of oral health

- 81% report having good dental health, with 34% describing it as very good and 47% describing it as good. 3% report having bad dental health with the remainder (16%) describing it as average. These figures are broadly unchanged since the previous time this was measured in 2018.

- Women (85%) are more likely than men (77%) to report good dental health. Also, those aged under 35 are more likely than those aged over 55 to report good dental health (88% and 75% respectively). A consistent gap exists between the genders throughout the life course, with men aged 55 and older less likely to report good dental health (72%, women aged 55 and older: 78%).

- Those who have smoked are less likely to report good dental health (current/ex-smokers: 74%, never smoked: 87%).

Proportion rating dental health as good/very good - by gender and age (%)

	All	15-24	25-34	35-44	45-54	55-64	65-74	75+
Men	**77**	86	83	78	73	73	68	74
Women	**85**	95	89	87	83	79	77	75

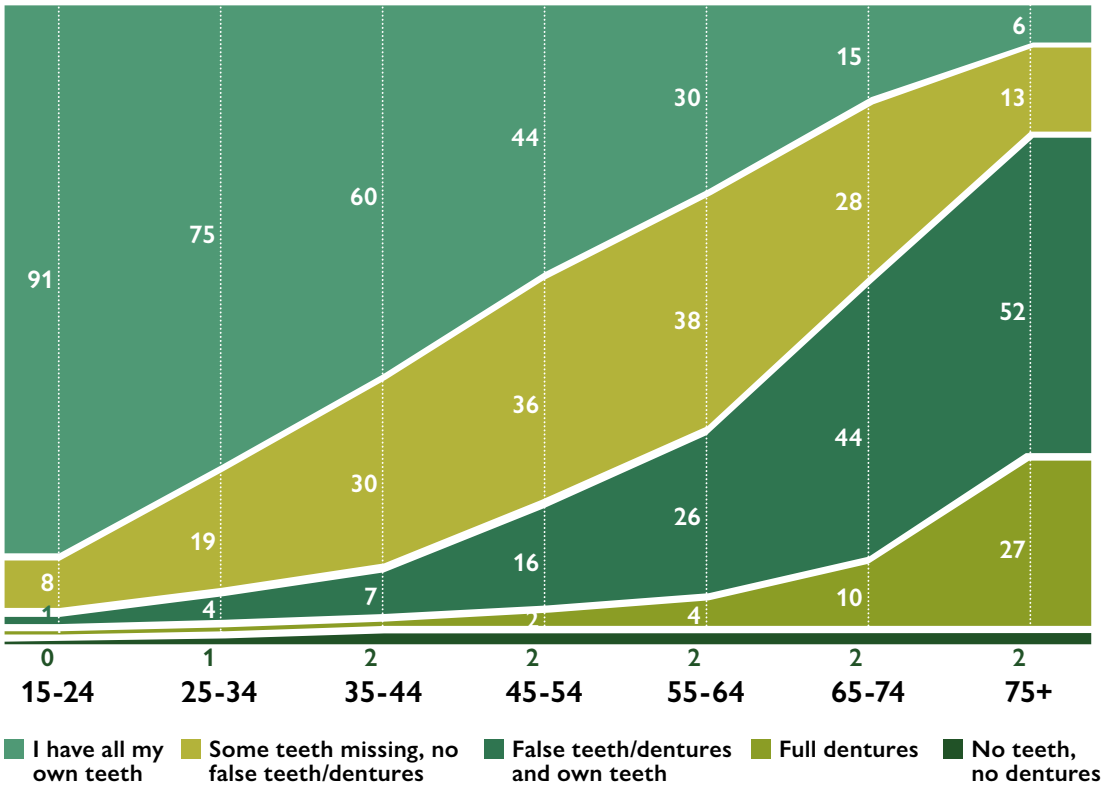
False teeth/dentures

- 51% of respondents aged over 15 have all their own teeth, with none missing. As with overall dental health, this differs by gender and age with women more likely than men to have all their own teeth (57% and 46% respectively), and younger people more likely than older people to report the same (91% of those aged under-25, and 6% of those aged 75 or older).

- Of those with missing teeth, 53% have no false teeth or dentures. A further 35% have some false teeth/dentures as well as some of their own teeth. 8% have full dentures and 3% have no teeth and no dentures.

- 5% of all respondents aged over 15 report a difficulty eating or speaking in the past 6 months, 6% of those aged over 45 report a difficulty eating or speaking compared to 3% of those aged under 45. 4% report feeling embarrassed or socially uncomfortable because of their mouth, teeth, or dentures, in the past 6 months.

Proportion of people with false teeth and dentures - by age (%)



Tooth brushing

- 97% report brushing their teeth on the previous day. 19% brushed their teeth once, 67% brushed twice and 11% brushed their teeth more frequently than this. 86% of those with all their own teeth brush their teeth at least twice a day.

- A sizeable gender gap in toothbrushing frequency exists among those with all their own teeth. Women are more likely than men to brush their teeth at least twice a day (92% and 79% respectively).

- Smokers are less likely than non-smokers to brush their teeth at least twice a day (82% of smokers with all their own teeth, compared to 87% of non-smokers).

Proportion brushing teeth at least twice daily - by gender and age among those with all their own teeth, none missing (%)

	All	15-24	25-34	35-44	45-54	55+
Men	**79**	79	83	82	78	72
Women	**92**	95	91	91	89	90

Dental visits among adults

- Just under half (49%) of those aged 15 or older visited the dentist in the past year – broadly the same as measured in 2018 (47%).

- Women are more likely than men to have visited a dentist in the past year (55% and 43% respectively), with no significant differences across age groups among those who have their own teeth.

- 63% of those visiting the dentist in the past year did so for a check-up including scaling or cleaning. 23% visited because treatment was needed without prior pain; 9% visited because of pain.

- Survey respondents were asked to identify from a list how their dental costs were covered, costs may have been covered in part through multiple payment methods. In the last year, 65% of those aged over 15 paid for their dentist visits at least in part from personal funds. 23% reported that they availed of PRSI contributions to cover at least part of the cost of dental visits, 14% accessed care through the use of a medical card scheme to cover dental costs, and 6% used private health or dental insurance.

- Among those paying at least in part for a dentist visit from their own private funds, 40% paid up to €75, 30% paid between €76 and €149, and 24% paid more than this. The median amount reported by those paying either in part or wholly from their private funds was €80.

Dental visits among children

- For the first time, this wave of the survey included questions relating to dental treatment for dependent children (n = 1,826) of the survey respondent. Each respondent was asked whether or not they had children under 18, the age of each child, whether or not each child had attended a dentist in the past 12 months and, if so, the frequency of visits. It also asked about the purpose of the most recent visit and how it was paid for.

- 40% of children identified by the survey had visited the dentist in the past 12 months, including 11% of children aged under 6, 47% of children aged between 6 and 11, and 55% of children older than this.

- 73% of visits were for a check-up including routine scaling/cleaning. 15% attended for treatment where there was no prior pain and 5% attended due to pain.

- The majority (58%) of these visits were paid for partly or wholly from their parents or guardian's own funds, while 25% had their costs covered at least in part by accessing care through the HSE. The median amount reported by parents or guardians paying either in part or wholly from their private funds was €100.

Reason for child dental visits - by age of child (%)

	Total	Less than 5 years	6-11 years	12-17 years
Check-up including routine scaling/cleaning	**73**	82	76	68
Pain	**5**	1	7	3
Treatment needed but no prior pain	**15**	11	14	17
Orthodontics	**5**	0	1	9
Broken/chipped tooth	**0**	2	1	0
Extraction	**0**	1	1	0
Fillings	**1**	0	1	2
Other	**0**	2	0	0

7. Skin Protection

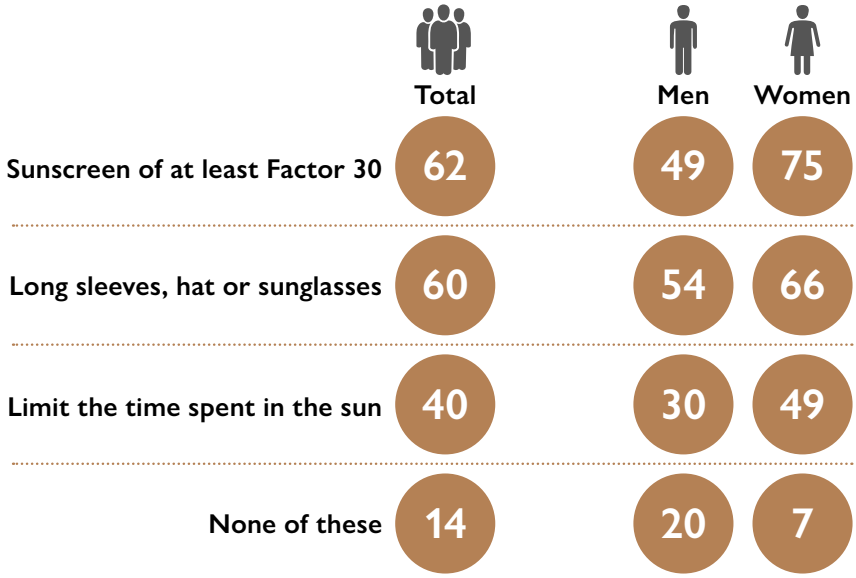
Healthy Ireland

7. Skin Protection

Sun protection methods

- 86% of people frequently use at least one method of sun protection during the summer while in Ireland.
- A gender gap extends across all age groups, with the widest gender gap between men and women aged 65 or older.
- Those aged under 35 are less likely to use at least one method of sun protection than those older than this (83% and 88% respectively).

Sun protection methods used during the summer while in Ireland (%)



- Using sunscreen of at least factor 30 (62%) is the most common method of sun protection during the summer in Ireland. This is followed by wearing long sleeves, a hat, or sunglasses (60%), and limiting time spent in the sun (40%).
- A large gender gap exists in terms of usage of sunscreen of at least factor 30. Three-quarters (75%) of women report using this regularly during the summer, compared to 49% of men.
- Those aged over 55 are significantly more likely (48%) to limit their time spent in the sun, particularly when compared to the 15-24 age group (27%).

Sunbed usage

- 18% have used a sunbed at some point during their life, with 3% overall reporting that they use sunbeds either regularly or from time to time.
- Current sunbed use is highest among women aged under 45 (6%). 3% of men and women use sunbeds currently.
- 4% report they are likely to try sunbeds in the future. This includes 4% of women and 3% of men.
- Those aged 15 to 34 are most likely to say they would try sunbeds, with 7% of this age group stating future usage is likely. There is no significant difference between genders in this age group with 8% of women and 6% of men saying that they are likely to use a sunbed in the future.

8. Menstrual Health & Period Poverty

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8. Menstrual Health & Period Poverty

This section of the survey was asked of women and those who identified as an "other gender" (3,518 and 6 respondents, respectively). While the module was optional, 85% of eligible respondents (3,013) agreed to participate. Data for this section are weighted separately to reflect lower levels of participation among older respondents (69% of those aged over 65 participated compared to 91% of those aged under 35).

- 56% of eligible respondents have periods either monthly or irregularly. 15–44-year-olds are most likely to have periods (87%), compared to 3% of those aged over 55.

- 39% said that they used to have periods but do not anymore. 96% of those aged over 55 said they no longer had periods, whereas 5% of under 45-year-olds said this was the case for them.

Current menstrual status - by age (%)

	Total	15-24	25-34	35-44	44-54	55+
Have periods either monthly or irregularly	**56**	94	87	83	51	3
Used to have periods but don't anymore	**39**	1	6	8	45	96
Are currently pregnant	**2**	2	5	3	0	0
Have coil/Mirena coil/IUD/contraceptive implant	**1**	1	1	2	3	0
Use contraceptive pill/medication/injections to stop periods	**1**	1	1	2	0	0

Menstrual Health Issues

- 67% have experienced period pain at some point, with 59% experiencing period related fatigue or tiredness, and 56% experiencing Pre-Menstrual Syndrome (PMS). Of those who currently have periods, 68% report period pain, 64% report fatigue or tiredness, and 60% report experiences of PMS.

- 49% report being limited in their daily activities before or during their period, resulting from symptoms including pain, fatigue, heavy bleeding, or PMS. Similarly, 51% of those who currently have periods report limitations to their daily activities for the same reasons.

- Limitations are most common among 15-24-year-olds with 32% of this group reporting that they are severely limited on a regular or occasional basis compared to 23% overall among those who currently have periods.

Lifetime experiences of menstrual health issues - by age (%)

	Total	15-24	25-34	35-44	44-54	55+	Currently have periods	No longer have periods
Period pain	**67**	73	71	68	64	64	68	65
Fatigue or tiredness	**59**	68	63	61	61	48	64	51
PMS	**56**	64	58	60	59	46	60	50
Irregular periods	**25**	29	29	25	28	20	28	22
Polycystic ovary syndrome	**6**	4	9	6	7	4	6	5
Endometriosis	**5**	3	5	4	6	8	4	8

*No longer have periods does not include those who are pregnant or have stopped their periods ie. using the pill or IUD.

Missed experiences due to period related symptoms - by age (%)

	Total	15-24	25-34	35-44	44-54	55+	Currently have periods	No longer have periods
Missed work, school, or college	**28**	46	32	27	25	20	32	24
Felt unable to participate in sport	**35**	54	38	32	36	23	39	28
Felt less able to pay attention in work, school or college	**37**	56	38	38	35	28	42	31
Missed social events or meeting friends	**33**	50	36	31	30	25	36	28

*No longer have periods does not include those who are pregnant or have stopped their periods ie. using the pill or IUD.

Managing Pain and Symptoms

- 62% of people report using painkillers or other pain relief methods to manage period pain at least occasionally, while 20% report using pain killers or pain relief methods during every period.
- The pill or other regular medications are used to control period symptoms at least occasionally by 27% of people, with 12% doing so for every period.
- Usage of pain killers or pain relief for every period is significantly higher among those who are severely limited in their daily activities by period symptoms (47%), compared to 11% of those who are not limited by their period symptoms.
- Almost a quarter (24%) have visited a doctor due to the severity of period symptoms, while 7% have had surgery to control period symptoms.

Usage of pain management methods at least occasionally - by age (%)

	Total	15-24	25-34	35-44	45-54	55+	Currently have periods	No longer have periods*
Taken painkillers or other pain relief methods	**62**	71	59	62	58	62	**63**	**62**
Taken regular medication to control symptoms (ie. pill)	**27**	39	26	25	26	22	**27**	**26**
Had to go to doctor due to symptom severity	**24**	34	21	21	27	22	**24**	**24**
Had surgery to control period	**7**	1	3	4	11	13	**3**	**13**

*No longer have periods does not include those who are pregnant or have stopped their periods ie. using the pill or IUD.

Period Poverty

Survey participants were asked if they had ever experienced various issues related to period products. Four issues were identified as indicating period poverty: having to change to a less suitable period product for cost reasons; struggling to afford period products; having to borrow period products due to affordability; or having to improvise with materials not intended for use during your period.

- 24% of eligible respondents indicated they had experienced at least one issue that is indicative of period poverty.
- 15-24-year-olds are more likely (35%) to have experienced period poverty at some point, as are those who are experiencing unemployment (43%). This is compared to those who are at work (22%), are students (27%), and those aged 35-44 (23%).
- 14% report that they have had to improvise with materials not intended for use during their period.
- In relation to cost, 10% have struggled to afford period products, 10% have changed to less suitable products due to cost, and 8% have asked to borrow products they couldn't afford.
- In relation to convenience, 30% of people have forgotten to bring enough products to work, college, school or on a day out, and 15% have run out of period products and been unable to source them (e.g. shops were closed, or they were in a remote location).

- 15% of people engaged in home duties struggle to afford period products, significantly more than those in employment (8%).

- 16% of eligible respondents experiencing unemployment have had to ask for period products as they couldn't afford them, compared to 7% of people in employment.

Experiences of issues with period products - by age and working status (%)

		Indicators of experiences of period poverty					
	Experience of period poverty	Had to change to a less suitable period product for cost reasons	Struggled to afford period products	Had to ask to borrow period products because you couldn't afford it	Had to improvise with materials not intended for use during your period	Had run out of period products and had been unable to source more	Forgotten to bring enough products with you for work college school or a day out
Total	**24**	**10**	**10**	**8**	**14**	**15**	**30**
Age							
15-24	35	15	13	17	21	23	40
25-34	26	13	10	9	14	13	39
35-44	23	11	9	6	13	16	34
45-54	20	9	6	5	12	14	26
55+	20	7	10	6	12	12	12
Working status							
At work	22	11	8	7	13	14	31
Unemployed	43	15	17	16	23	33	47
Student	27	9	8	11	16	16	38
Home duties	29	13	15	11	16	13	23
Retired	17	6	8	6	10	9	16
Other	34	14	14	8	19	25	35
Current menstrual status							
Current periods	25	12	9	9	14	16	35
Had periods in the past	21	8	10	6	12	13	22

Period products

- In relation to period products, 93% use disposable products, while 5% have reusable period products.
- Those aged 25-44 are most likely to have used reusable period products (9%) as are those who currently have periods (7%), compared those who had periods in the past (3%).
- 6% of those in employment and 7% of those experiencing unemployment commonly use reusable products, compared to 4% of students and 5% of those engaged in home duties.
- Reusable products are more commonly used by those who are educated to degree level or higher (8%), compared to those who are educated to Leaving Cert level (4%). People living in Dublin are more likely to have used reusable products (8%) than those living outside of Dublin (4%).

Hygiene products

- All survey respondents (identifying as male, female, or other gender) were asked a further question in relation to affordability of wider hygiene products: Over the past year, would you or any other members of your household have ever experienced problems with buying enough hygiene products because of cost? (for example soap, household cleaning agents, nappies, period products etc.)
- 6% report having had problems buying enough hygiene products over the past year because of cost.
- Females (8%) are significantly more likely than males to report problems purchasing hygiene products. Mothers (9%) are also more likely than both fathers (6%) and non-parents (6%) to report this.
- People who are at work are less likely to have had problems purchasing hygiene products (5%). This compares to 13% both of those who are unemployed and those engaged in home duties.

9. Suicide Awareness

Healthy Ireland

9. Suicide Awareness

This module was included on the 2021 survey and has been repeated on this wave. Data from both waves have been combined to provide a robust sample.

Due to the sensitive nature of this issue, this module on experiences of suicide was self-completed by respondents online. All respondents participating in the Healthy Ireland Survey were asked to provide an email address to receive a survey link to complete this module. 4,281 respondents fully completed the module across both waves.

Self-selecting into online survey completion has the potential to create non-response bias, based on demographic factors or internet literacy, which the separate data weighting applied to this module is designed to mitigate. It should be noted, however, that individuals for whom suicide resonates more strongly may have been more likely to take part in this module, meaning that caution is necessary when applying the results of this part of the survey to the overall population.

Experiences of suicide

- 67% know someone who has died by suicide, with 14% knowing someone close to them who has died in this way.
- Those aged between 45 and 64 are most likely to know someone who has died by suicide (45-54: 76%, 55-64: 77%), compared with 58% of those aged under 25, and 61% of those aged between 25 and 34.
- Just over a quarter (26%) of 45-54-year-olds know someone close to them who has died by suicide, compared with 15% of those aged under 25.
- Almost three quarters of those living in Munster (73%) and Connacht/Ulster (72%) know someone who has died by suicide. This compares to 59% of those living in Dublin and 69% of those living in the rest of Leinster.
- Just over a quarter (26%) report that the person they know who most recently died by suicide was a friend, 25% identify them as an acquaintance and 23% identify them as an extended family member. 4% identify a person who was an immediate family member.
- 8% of those who know someone who has died by suicide report that the death has a significant or devastating effect on them that they still feel.

Attempted suicide

- 6% of respondents report that they have attempted to take their own life at some point in the past.
- 10% of those aged under 35 report an attempt to take their own life compared to less than 1% of those aged 65 or older.
- 15% of those describing their general health as fair or bad, and 9% of those with a long standing illness or health problem, report making an attempt to take their own life.*

*If you are a journalist or media professional covering a suicide-related issue, please consider the Samaritans Ireland Media Guidelines for Reporting Suicide available on www.samaritans.org due to the potentially damaging consequences of irresponsible reporting. In particular, the guidelines advise on terminology to use and links to include for sources of support for anyone affected by the themes in any coverage.

10. Health Behaviours During COVID-19

9. Health Behaviours During COVID-19

Introduction

Fieldwork for the 2022 Healthy Ireland Survey took place between November 2021 and July 2022, a period when COVID-19 related public health measures were adapted, in line with the epidemiological profile of the disease. This included the easing and subsequent reintroduction of various public health restrictions, with almost all public health restrictions removed by the end of the fieldwork period.

As such, the aggregate results of the 2022 survey represent a period during which risks to public health reduced and it was possible to relax most COVID-19 restrictions. In contrast, the previous survey conducted between October 2020 and March 2021 took place during some of the most significant restrictions. This provides a useful comparison in understanding whether many of the changes in health behaviours identified by the 2021 survey were temporary in nature or represented something more long-lasting.

Overall changes in health behaviours during the COVID-19 pandemic

The 2021 survey identified a variety of changes in health behaviours that were associated with the COVID-19 pandemic. Overall in 2021, 51% reported that they were either drinking more, smoking more, had gained weight or experienced a decline in their mental health during the necessary COVID-19 restrictions.

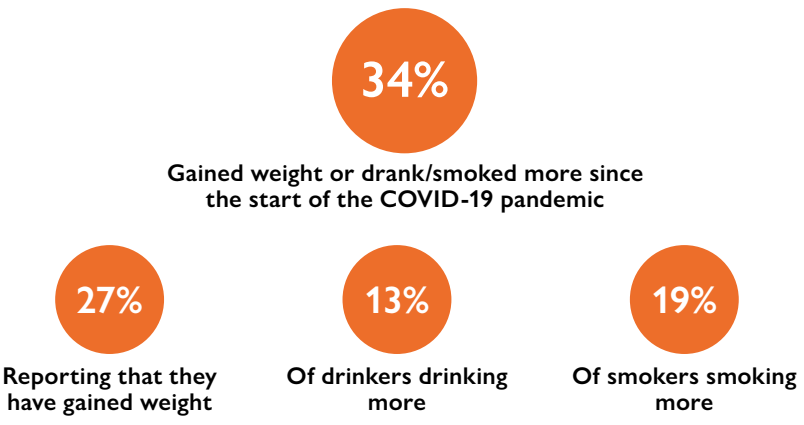
While reported levels of drinking declined, 28% of smokers were smoking more, and 29% reported that they had gained weight. Almost a third (30%) reported that their mental health had worsened since the start of the pandemic, with 81% feeling less socially connected.

In general, the impact was felt generally across the population, although many of the issues were identified as being more evident among women and younger people in particular.

However, of particular concern was the high proportions who did not identify a desire to cut back on the amount of alcohol consumed, to quit smoking or a need lose weight. Among those who drank more, smoked more or gained weight, less than half in each case expressed a desire to improve that particular health behaviour.

This was a significant cause for concern that changes in health behaviours that emerged during a period of major disruption in people's lives could outlive that period and lead to worsening health outcomes.

Overall in the 2022 survey, 34% report that they are either drinking more, smoking more or have gained weight since the start of the COVID-19 pandemic. This compares to 36% reporting one of these changes in the Healthy Ireland 2021 survey.

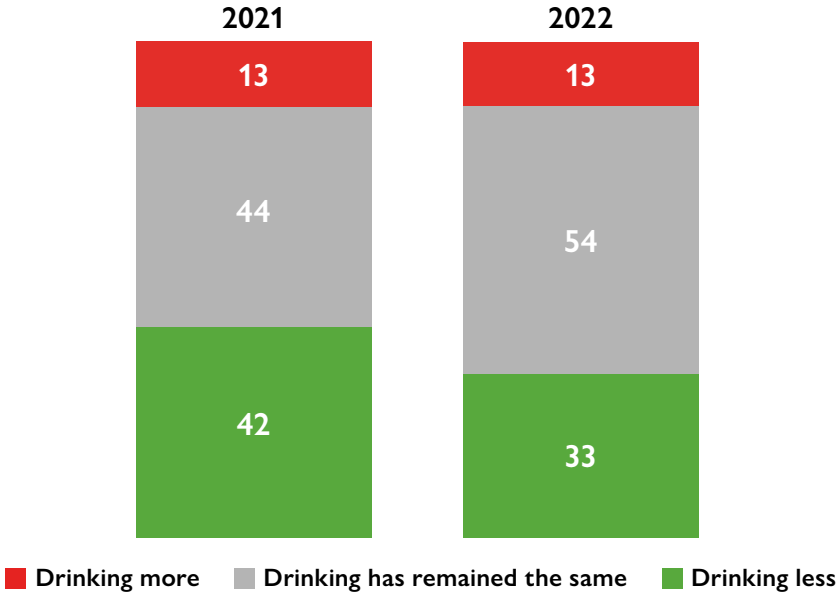


Alcohol consumption

The restrictions introduced to restrict the spread of COVID-19 meant that pubs and restaurants remained closed throughout much of the fieldwork period during the previous survey in 2021. This led to a significant change in the alcohol consumption habits of many people with alcohol consumption predominantly taking place in the home. There was a small decline in frequency of alcohol consumption (from 41% to 37% of the population drinking alcohol at least once a week), furthermore 42% of drinkers reported that they were drinking less alcohol since the start of the COVID-19 restrictions.

In this year's survey the proportion reporting that they drink less has declined to 33%, with 54% claiming that the amount of alcohol they consume has remained unchanged. Roughly one in eight drinkers (13%) report that they now drink more – the same as measured in the previous survey.

Changes in drinking behaviour since the start of the COVID-19 pandemic (%)



While there are various ways in which these trends can be interpreted, they suggest that alcohol consumption for some has returned to pre-COVID-19 patterns, but that many drinkers have maintained consumption patterns lower than those prior to the introduction of restrictions.

Analysis of reported binge drinking levels (i.e. drinking at least six standard drinks on a typical drinking occasion) supports this. Almost a third (32%) of drinkers in 2022 are considered binge drinkers. This is higher than the reported levels in 2021 (22%), but remains behind the levels of binge drinking measured in 2018 (37%).

One of the key findings emerging from the previous survey was a gender difference in changing drinking patterns, particularly between mothers and fathers. Previously almost 1 in 5 (19%) mothers who drink reported that they were now drinking more, compared to 13% of fathers who drink. This gender difference is no longer evident in the 2022 survey with equal proportions of women and men, as well as mothers and fathers, now reporting that they drink more (13% in all cases).

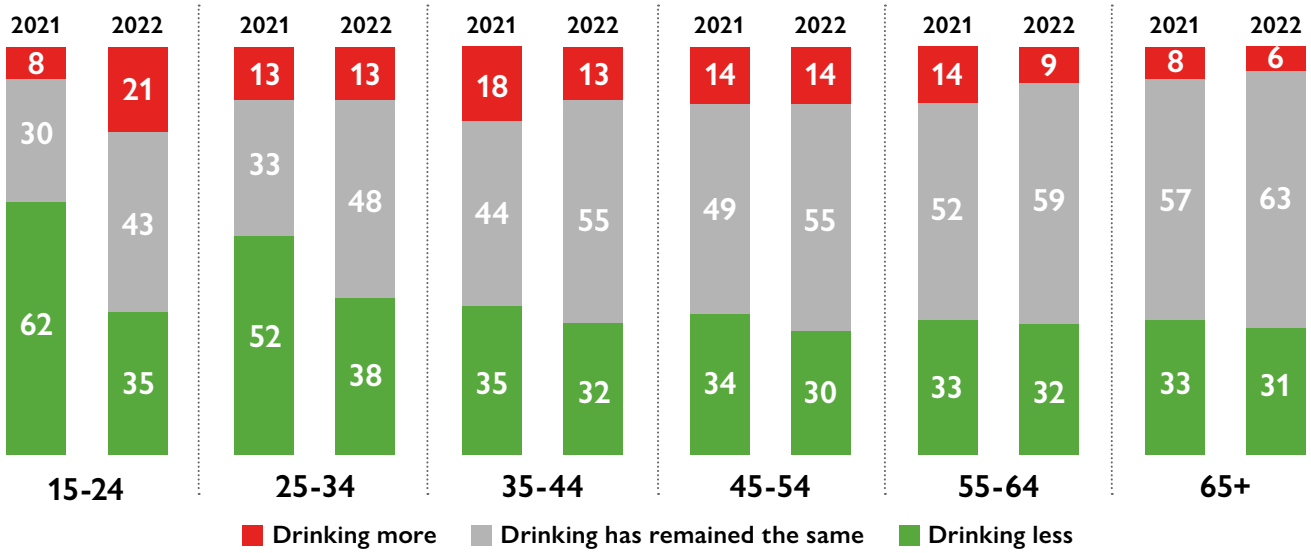
However, when looking at reductions in alcohol consumption it can be observed that, as with the previous survey, men are more likely than women to report that they are now drinking less (35% and 31% respectively) with a similar gap between fathers and mothers (34% and 29% respectively).
A key reason for this is likely to be due to gender differences in drinking behaviours, with men more likely

than women to drink in pubs, which were closed at various points during the fieldwork period. Over a third of men (36%) report that their most recent drinking occasion was in a pub, compared to fewer than a quarter of women (23%). In contrast, women who drink are more likely to do so in a restaurant, hotel or café (women: 19%, men: 8%), which were not subject to the same restrictions as many pubs.

A similar pattern is evident across lifestage. In the previous year's survey, the majority of drinkers aged under 35 reported a reduction in their alcohol consumption, with almost two-thirds (62%) of drinkers aged under 25 drinking less, and the majority (52%) of drinkers aged between 25 and 34 reporting the same.

In contrast, the current survey shows that those aged under 25 are the group most likely to report an increase in their drinking behaviour with 21% reporting that they now drank more than they did when the restrictions were introduced. Men in this age group are particularly likely to report an increase in their drinking (24%), although women aged under 25 (19%) are more likely than women in older age groups to report the same.

Changes in drinking behaviour by age - 2021 and 2022 (%)

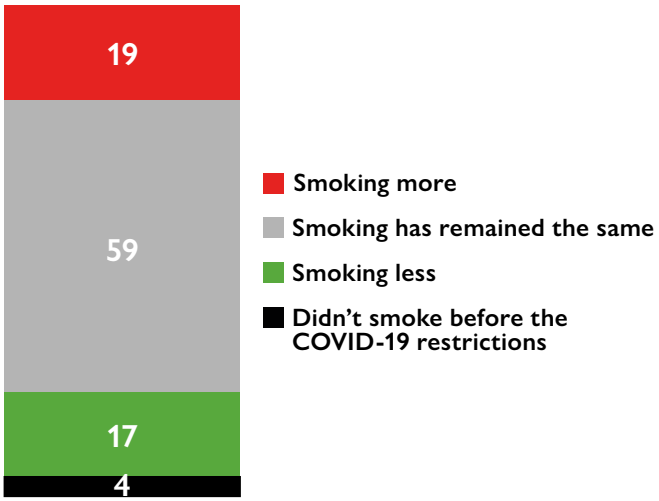


A key reason for this is likely due to the reopening of the hospitality industry, as this age group is more likely than older groups to drink in a pub with almost half (49%) of under 25s reporting that they consumed their most recent drink in a pub.

Smoking

While overall smoking prevalence has remained unchanged over the period of COVID-19 restrictions, smokers are reporting changes in the amount that they smoke. Just over a third (36%) of smokers report a change in their smoking behaviour since the start of the COVID-19 restrictions with 19% smoking more and 17% smoking less that they did previously.

Changes in smoking behaviour since the start of the COVID-19 pandemic (%)

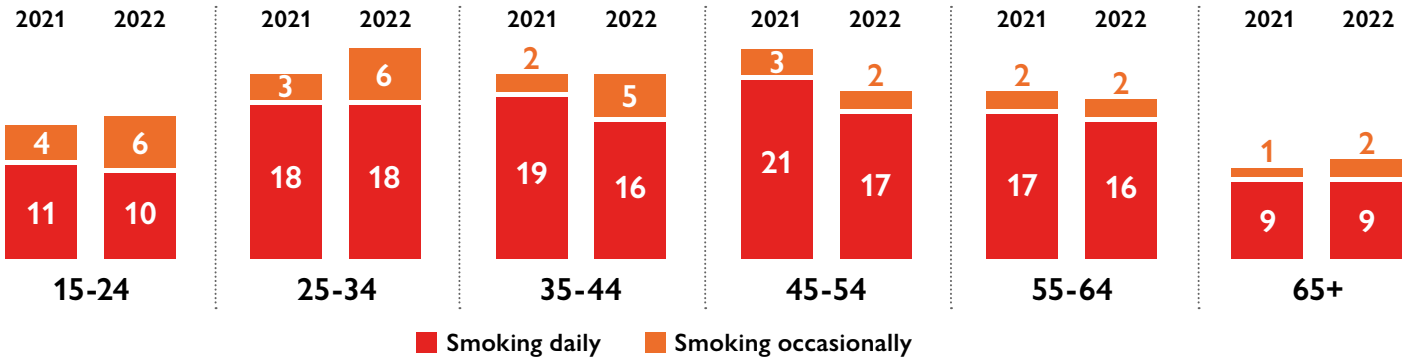


The results of the 2021 survey identified that half of smokers reported a change, with 28% smoking more and 21% smoking less. This suggests that there has been a decline in the number of smokers who are smoking more with behaviours returning to pre-COVID-19 levels.

This pattern is similar across all gender and age groups with younger and older smokers alike less likely now to report an increase in the amount they smoke when compared to the 2021 survey.

However, some difference does exist across age groups when examining daily and occasional smoking. There has been a small increase in the proportion of adults aged between 25 and 34 that smoke occasionally (i.e. not every day) from 3% in 2021 to 6% in 2022. Notably this means that the level of occasional smoking among this group returns close to the level measured before the restrictions were introduced (2019: 7%), as well as increasing smoking prevalence overall within this group, from 20% to 24%.

Daily and occasional smoking 2021 and 2022 (%)

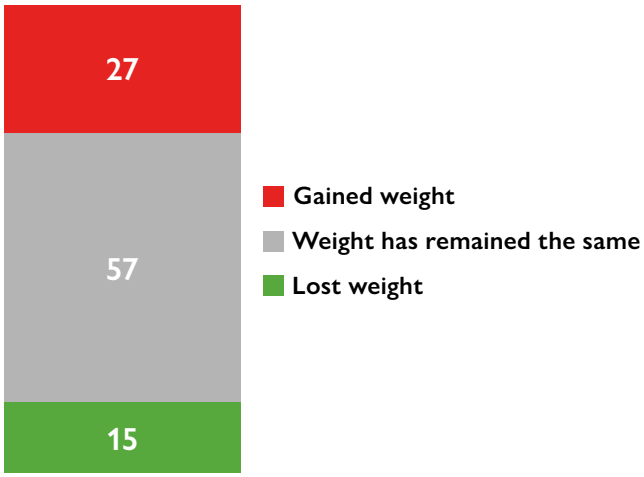


While the survey does not provide any context in terms of situations in which an individual smokes, it may be the case that occasional smoking is associated with social situations. As such, the decline in socialising that resulted from the COVID-19 restrictions may have led to a reduction in occasional smoking for this age group. As socialising returned to normal this may then have led to increased occasional smoking within this group.

Changes in weight

Just over two out of every five people (42%) report a change in their weight since the start of the COVID-19 restrictions, with 27% reporting a weight gain and 15% reporting that they have lost weight. These figures are broadly unchanged since the previous survey when 29% reported a weight gain, and 11% reported a weight loss.

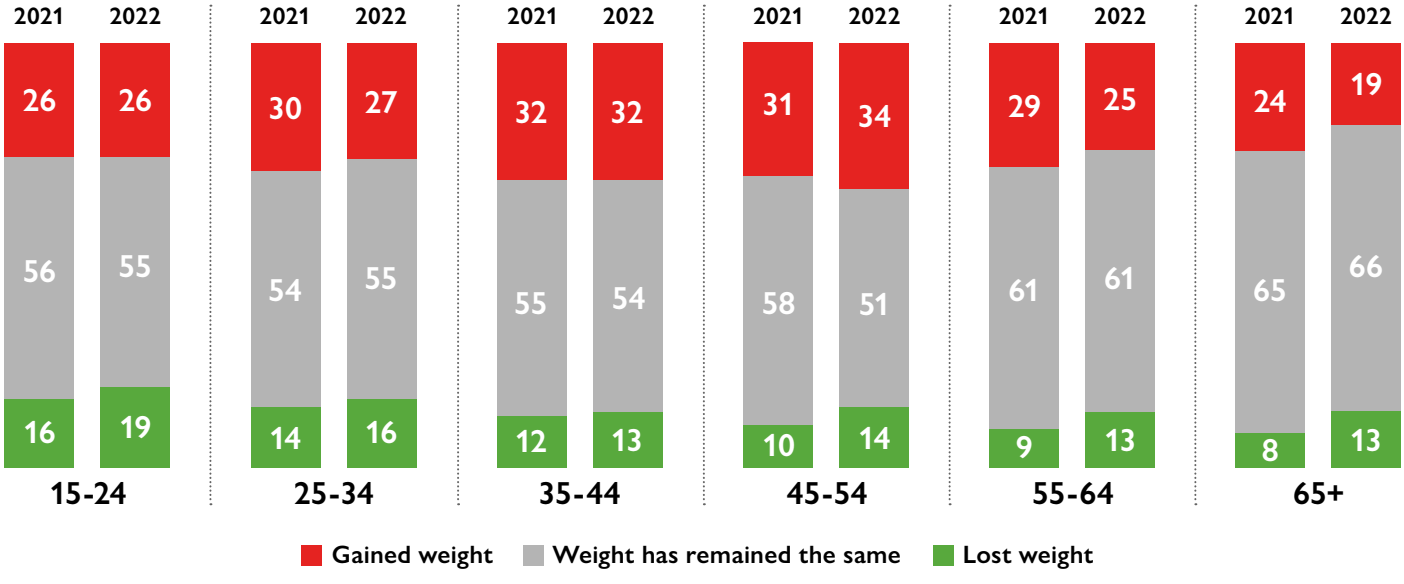
Changes in weight since the start of the COVID-19 pandemic (%)



As with the previous survey women are more likely than men to report a gain in weight (33% and 21% respectively), however while the proportion of men reporting a weight gain has declined from 25% since 2021, the proportion of women reporting the same has remained unchanged.

Reported weight gains are highest among those aged between 35 and 54 (33%), with women in this age group much more likely than men to report a gain in weight (42% and 24% respectively). As with gender differences overall, there has been a 5 percentage point increase since 2021 in the proportion of women in this age group reporting a weight gain compared with a 3 point decline in the proportion of men reporting the same.

Changes in weight - 2021 and 2022 - by age (%)



Large differences in weight changes are also evident across BMI groups. Over a third (35%) of those who are overweight or obese report a gain in weight (30% of those who are overweight, and 43% of those who are obese). In contrast, only 17% of those with a normal BMI report a weight gain. Similarly, those with a normal BMI are more likely to report a weight loss – 16% of those with a normal BMI, compared with 13% of those who are overweight or obese.

Overall, the picture presented regarding weight gain is broadly similar to that identified in the previous survey. This suggests that while changes in alcohol consumption and smoking may have been temporary in nature, and are returning to similar levels as measured before the pandemic, changes in weight are more long-lasting and difficult to reverse. Encouragingly, however, 66% of those who have gained weight report that they are currently trying to lose weight.

Summary

The previous survey report identified that for many, there was a negative change related to some health behaviours during the COVID-19 pandemic; these impacts appeared greater during periods of significant public health restrictions.

Over a third (34%) have gained weight, are smoking more or are drinking more compared to the start of the period of restrictions in March 2020. Weight gain is clearly a significant challenge within this, with 27% overall reporting increased weight.

Women and those aged between 35 and 54 (39% and 40% respectively of each group) are particularly likely to report a negative health change and it is these groups that therefore need most support when it comes to reversing the negative changes experienced during this period.

The desire for positive change is strongly evident throughout the Healthy Ireland Survey series and driving these changes remains a key objective for all stakeholders.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Technical Details

Technical details

The Healthy Ireland Survey uses an interviewer-administered questionnaire with interviews conducted with randomly selected individuals aged 15 and over. This is the eighth wave of the survey conducted between November 2021 and July 2022. It involves 7,455 interviews with a representative sample of those living in Ireland.

Approval to conduct the study was provided by the Research Ethics Committee at the Royal College of Physicians of Ireland. It follows the first six waves conducted between 2015 and 2019. Reports on these initial waves are published on https://www.gov.ie/en/collection/231c02-healthy-ireland-survey-wave. Fieldwork on these initial waves was conducted in-person in respondents' homes. In October 2019, fieldwork commenced on the sixth survey wave using an in-person approach. However this was abandoned at the outset of the COVID-19 pandemic due to introduction of necessary COVID-19 restrictions limiting visits to other households.

Conducting the Healthy Ireland Survey during the COVID-19 Pandemic

During the early stages of the COVID-19 pandemic detailed discussions took place between the Department of Health and Ipsos to explore potential methodologies that could be used to recommence fieldwork on the Healthy Ireland Survey while necessary public health restrictions remained in place.

Key requirements for any revised methodology included the need for it to ensure the broadest possible representation of the target population. It was required to use a robust sampling methodology that is based upon principles of random selection and implementation of response rate maximisation techniques. Additionally, it was necessary to ensure that the survey was accessible to all groups in the population.

When identifying the revised approach it was unknown how long the period of necessary COVID-19 restrictions would last and when it may be possible to return to in-person interviewing. On this basis, the new methodology needed to be suitable for long-term maintenance across more than one wave of the Survey.

Considering these factors it was decided to use a two-stage telephone random digit dial approach. With near universal ownership of mobile phones (98% of adults aged 18+ in Ireland personally have and use a mobile phone handset) it was decided to use a sample consisting only of mobile phone numbers.

This eliminated any biases that arise through mixed mobile and landline samples where individuals with access to both a mobile and a landline have an increased probability of selection. As mobile handsets are personally owned by an individual, it removes the potential for any selection bias that can arise when selecting an individual from a shared landline phone in a household.

The only way in which to select mobile numbers, whilst also ensuring universal coverage, is to use a Random Digit Dialling (RDD) approach. Whilst this has a high degree of wastage through attempts to contact non-working mobile numbers, it is preferable to any approach which uses lists of known mobile numbers which may include limitations in their coverage.

In order to minimise the wastage (and resulting costs) the starting point for a RDD approach is to use number blocks that have been allocated to mobile phone operators by the Commission for Communications Regulation (ComReg). For example, ComReg has not issued any block of numbers with an 083 prefix that commence with a 21 (i.e. 083 21XXXXX) so there is no requirement to include this series of numbers within the sampling process.

Randomly generated mobile numbers were contacted by survey interviewers through Ipsos's Computer-Assisted Telephone Interviewing (CATI) unit in Dublin. In order to maximise participation rates, if a number was not answered multiple attempts were made (up to a maximum of 3) at different times of the day and on different days of the week.

Upon speaking to someone the person was initially screened to ensure that they were aged 15 or over and received a brief introduction to the Healthy Ireland Survey asking if they would be willing to participate. They were then informed that they would receive a follow-up call in the following days from a Healthy Ireland interviewer to conduct the interview.

The Healthy Ireland interviewers used on this survey wave are, in the most part, the same interviewers used for in-person interviewing on previous survey waves. This ensured consistency with previous survey waves and ensured this wave benefitted from the extensive experience and training gained by this team from working on the survey for a long period.

When contacting a respondent the interviewer firstly obtained informed consent from the individual (and also parental consent for those aged under 18). Once this was achieved the survey interview proceeded.

Limitations of a Telephone Approach

There are two key limitations of a telephone approach in respect of the Healthy Ireland Survey.
Firstly, previous waves of this survey included reporting by deprivation. This was done using the 2016 Pobal HP Deprivation Index designed by Haase and Pratschke. The index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses.

The index is compiled using CSO Small Areas, and in order to assign an individual to a Small Area it is necessary to identify the exact location of their address. This is not possible through postal addresses as inconsistencies in postal addresses and shared postal addresses in rural areas mean that it is not sufficiently accurate. As such it is only possible to assign individuals to the index using their Eircode.

All respondents were asked to provide their Eircode and were given an explanation as to why this was being requested. However, some respondents did not know their Eircode and others were not willing to provide it. In total 37% of respondents were unable or unwilling to provide even partial Eircode details and were unable to be assigned to the index. Given the high number of unassigned respondents any analysis by deprivation index cannot be considered as reliable and as a result are not presented in this report.

The second limitation arises through difficulties in administering self-completion surveys by telephone. Various waves of the Healthy Ireland Survey have included modules on sensitive issues which were administered using a self-completion method, with respondents completing it by entering their responses directly into the interviewer's device or on paper.

This wave included a module on experiences of suicide which was deemed to be too sensitive to be administered over the telephone.

In order to administer this survey module in an appropriate manner respondents were asked at the end of the telephone survey to provide an email address to receive a web link to answer some additional questions relating to suicide. These individuals were sent an email a few days after completing the survey inviting them to complete the suicide module online. Those that did not complete the survey were sent a reminder email approximately one week later.

In order to protect the safety and wellbeing of respondents, those completing this module were advised to contact their GP or a provided list of support services should they be affected by any of the issues raised in the survey.

Survey Response Rates

This wave of the survey involved a multi-stage sampling process as outlined above. The breakdown of outcomes at each stage are provided below.

			Percentage of known eligible numbers
Stage 1 - Screening	Working telephone numbers	30,738	
	No contact after 3 attempts	12,293	
	Refusal at stage 1	3,431	19%
	Recruited to stage 2	15,014	81%
Stage 2 – Consent and interview	Completed interviews	7,455	40%
	Refusal at stage 2	3,588	19%
	No contact after 3 attempts	3,588	19%
	Ineligible (unwilling to provide consent, claimed age under 15)	383	2%

This provides an overall response rate of 40% (percentage of known eligible telephone numbers that are contacted that fully complete a survey interview). The survey participation rate (the percentage of individuals agreeing to take part in the survey who fully complete a survey) is 50% (7,455 divided by 15,014). All survey respondents were asked to provide an email address to receive the survey module on suicide. A total of 5,122 respondents provided an email address, with 1,999 respondents successfully completing this module. This provides a participation rate of 39% (1,999 divided by 5,122), and an overall response rate of 31% (1,999 divided by 7,455).

A key factor influencing participation rates in the suicide module was internet access and confidence completing surveys online. This is evident through lower participation rates among those with lower education (13% of those who left school before completing the Leaving Certificate participated in this module), older respondents (the participation rate among those aged over 75 was 15%), and those who are unemployed (participation rate: 16%). Additionally, men (participation rate: 23%) were less likely than women (participation rate: 31%) to participate in this module.

The module on menstrual health and period poverty was only asked of women and those identifying as "other gender". Respondents were provided with an overview of the contents of this module and were asked if they were willing to answer the questions. A total of 3,013 out of 3,524 eligible respondents agreed to participate in the module providing a participation rate of 85%.

Participation rates for this module were lower among older people with 69% of eligible respondents aged over 65 agreeing to participate, compared with 91% of those aged under 55.

Considerations on Changing from Face-to-Face to Telephone Interviewing

One of the key benefits of the Healthy Ireland Survey is that it provides a long-term measurement of health behaviours to understand the impact of various policy initiatives. It does this through a robust measurement that remains consistent over time ensuring that reliable comparisons can be made between survey waves.

While both face-to-face and telephone approaches are considered sufficiently robust to provide accurate population measurements, it is necessary to consider the differences that exist between the two methodologies and how a change between the methodologies could potentially disrupt survey trends.

It is important to note that in transitioning from face-to-face to telephone interviewing a considerable body of work was undertaken to maintain as much comparability as possible with previous waves of the Healthy Ireland Survey. This included detailed questionnaire review by experienced researchers in Ipsos and the Department of Health as well as survey piloting and cognitive testing.

However, even with these considerable efforts it is important to recognise that some impact on survey trends can be unavoidable and, furthermore, it is often impossible to disentangle real changes in behaviour from "noise" created by the methodological change.

Previous studies have identified a number of specific ways in which survey measurements can be impacted by methodological differences – these are known as mode effects. In respect of this survey there are two mode effects that are necessary to consider – social desirability and satisficing.

Social desirability occurs when the respondent offers a response that does not accurately represent their situation, but instead offers one that is more socially acceptable. It has been shown to be more common in telephone surveys as the interviewer and participant have not established the same level of rapport as would be typical in a face-to-face survey, and as such the respondent may be less willing to admit to a behaviour that is less socially desirable.

In preparing this survey wave, particular consideration was given to the potential impact that social desirability could have on measurements of smoking – i.e. whether or not respondents would be less likely to reveal over the telephone that they smoke than they would in a face-to-face interview.

Satisficing occurs when a respondent does not give the survey question sufficient attention and offers a convenient or easily accessible answer. Due to the more restricted engagement between interviewer and respondent it is more likely to occur on telephone surveys than in-person surveys. Silences and pauses in the interview can be less comfortable during a telephone interview so the respondent may seek to minimise these by answering a question more quickly and not giving it adequate attention.

Other practical issues can also create mode effect. For example, showcards were commonly used in earlier waves of the Healthy Ireland Survey in order to provide respondents with answer categories (for example, to provide a list of long-term health conditions in order to measure prevalence of each). It is not possible to use these on telephone surveys which instead need to rely on aural communication. Reading out long lists of answer categories is not conducive to an engaging interview process, so the presentation of questions which previously relied on showcards needed to be changed.

Following extensive questionnaire redesign and testing, a revised questionnaire was agreed. This questionnaire was shorter than in previous waves in order to maximise respondent engagement, and also many of the questions were asked in different ways. This included asking respondents to self-report their height, weight and waist circumference rather than using physical measurement equipment as in previous waves. This can lead to inaccurate reporting of physical measurements.

It is the considered view of the researchers that the various steps taken have minimised as much as possible the potential impact of any mode effect in changing from a face-to-face to a telephone methodology. However, there is still potential that individual survey questions have been impacted and are not comparable with previous waves.

The major societal and behavioural changes that occurred during the COVID-19 pandemic further complicate this issue and mean that it is impossible to disentangle real change from differences that occurred from altering the survey methodology.

Survey users need to be conscious of this when considering trend data and comparing the findings of this wave to previous waves.

Data Cleaning and Validation

As the survey was conducted through interviewing software, the survey routing and many of the survey logic checks were automated and completed during fieldwork. This minimised the extent of data cleaning that was required post-fieldwork. However, extensive data checking was conducted following data collection and appropriate editing and data coding were conducted to ensure the accuracy of the final dataset.

Additionally, 1,180 interviews were randomly selected for survey validation. Validation was completed through a combination of recontacting individuals and also listening back to recordings that were taken at various points during the interview. This was done to verify the interview process and to assess the quality of interview.

Data Weighting

Whilst the sampling process is designed to deliver a representative sample of individuals throughout the country, differential response levels means that the survey sample is not a fully accurate representation of the population. As such, the aim of survey weighting is to bring the profile of respondents in line with the population profile.

Survey non-response can cause bias if the individuals who do not participate are systematically different to the individuals who take part. For example, it is often the case that young men are the most reluctant participants in social research, hence most weighting schemes include an adjustment for age and sex. By adjusting on known factors (i.e. characteristics for which population data are known, such as age, sex, etc.) potential biases in survey measurements can be reduced.

For the purposes of this study, three weighting schemes were produced – a main survey weight and separate weights for the suicide and menstrual health modules.

The main survey weight involves weighting adjustments that were made using known population statistics published by the Central Statistics Office. The variables used in this respect were: age by gender, education, work status of the respondent, and region.

Separate weights were also produced for the suicide and menstrual health modules. This was done to overcome differences in survey participation for this module (as outlined above). The same variables were used for this process, and these weights were capped at 3 in order to maximise the effective sample size.

Notes

Notes

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