

EXECUTIVE SUMMARY

SLÁN 2007 SURVEY OF LIFESTYLE, ATTITUDES AND NUTRITION IN IRELAND

MAIN REPORT

FOREWORD

I am very pleased to be associated with the launch of this main report on SLÁN 2007, the third national Survey of Lifestyle, Attitudes and Nutrition in Ireland.

The collection of the data for SLÁN 2007 has been the most challenging to date. It involved face-to-face interviews with over 10,000 adults, along with a sub-study on body size of approximately 1,000 younger adults (aged 18-44) and a more detailed physical examination of over 1,200 adults (aged 45 years and over). Many challenges were encountered along the way, but I am pleased that the commitment shown to the project by the SLÁN Consortium has resulted in the publication of a comprehensive and most informative set of data.

The National Health and Lifestyles Surveys are commissioned by the Department of Health and Children, and they have in the past provided vital baseline data on a range of lifestyle-related health behaviours in the Irish population, such as smoking, alcohol consumption, diet and physical activity. In addition, SLÁN 2007 has, for the first time, collected data on mental health.

The findings reported in this publication are just a fraction of the depth and wealth of data collected from the 10,000 participants. The data will be an invaluable resource for a range of users, including academics, researchers, policy-makers and the medical profession. The information contained in this study should stimulate and inform debate on the many lifestyle issues that confront our society. For example, the results from the physical examination of those adults aged 45+ highlight the prevalence of obesity, high blood pressure and raised cholesterol within this sector of the population. These are three of the well-known risk factors for cardiovascular diseases. While there have been improvements in cardiovascular health in recent years, the results of this study leave no room for complacency.

I would like to extend my appreciation to all those respondents who gave freely of their time to participate in the study. I particularly appreciate the efforts of the 1,207 who also participated in the physical examination. I would like to pay tribute to all those involved in the SLÁN 2007 Consortium who have helped produce this invaluable study.

Pat the Cope Gallagher, TD

Minister for Health Promotion and Food Safety



BROLLACH

Táim thar a bheith sásta an tuairisc achomair seo bunaithe ar SLÁN 2007 a sheoladh; an tríú Suirbhé Náisiúnta ar Nósanna Maireachtála, Dearcaí agus Cothú in Éirinn.

Bhain an dúshlán is mó fós leis na sonraí do SLÁN 2007 a bhailiú. San áireamh sa suirbhé bhí agallaimh duine le duine le breis is 10,000 duine fásta, mar aon le fostaidéar ar mheáchan 1,000 duine fásta níos óige (idir 18-44 bliain d'aois) agus scrúdú fisiciúil níos mionsonraithe ar os cionn 1,200 duine fásta (45 bliain d'aois agus níos sine). Is iomaí dúshlán a bhí le sárú i rith na hoibre, ach cúis áthais dom a chur in iúl, trí thiomantas Chuibhreas SLÁN don tionscadal, gur foilsíodh an tsraith is cuimsithí agus is faisnéisí sonraí go dtí seo.

Is é an Roinn Sláinte agus Leanaí a choimisiúnaíonn na Suirbhéanna Náisiúnta Sláinte agus Nósanna Maireachtála, agus san am a caitheadh foinsí ba ea na suirbhéanna seo de shonraí ríthábhachtacha bonnlíne faoi iompraíochtaí sláinte bunaithe ar nósanna maireachtála i measc phobal na hÉireann; cosúil le caitheamh tobac, alcól, aiste bia agus gníomhaíocht fisiciúil. Den chéad uair riamh, mar chuid de SLÁN 2007, bailíodh sonraí maidir le meabhairshláinte.

Níl sna torthaí tuairiscithe san fhoilseachán seo ach codán de na sonraí iomlána a bailíodh ón 10,000 rannpháirtí. Beidh na sonraí seo thar a bheith úsáideach d'úsáideoirí éagsúla, lena n-áirítear lucht acadúil, taighdeoirí, lucht déanta beartas agus gairmithe leighis. Ba cheart go spreagfadh an t-eolas sa staidéar seo díospóireacht ar a lán de na nósanna maireachtála atá i measc na sochaí faoi láthair. Mar shampla, tarraingíonn torthaí an scrúdaithe fisiciúil i measc daoine fásta 45+ aird ar chomh forleathan is atá murtallacht, brú fola ard agus colaistéaról ardaithe i measc an ghrúpa seo den daonra. Fachtóirí riosca aitheanta do ghalair chardashoithíocha iad na trí fhachtóir seo. Cé go bhfuil feabhas éigin tagtha ar shláinte chardashoithíoch le blianta beaga anuas, is léir ó thorthaí an staidéir seo nach féidir linn beag is fiú a dhéanamh den tábhacht a bhaineann le sláinte chardashoithíoch.

Ba mhaith liom mo bhuíochas a chur in iúl do na freagróirí ar fad a thug a gcuid ama go fial agus a ghlac páirt sa staidéar. Táim buíoch go háirithe den 1,207 rannpháirtí a ghlac páirt sa scrúdú fisiciúil freisin. Ba mhaith liom buíochas a ghabháil le gach duine a bhí páirteach i gCuibhreas SLÁN 2007 agus a thug lámh chúnta chun an staidéar tábhachtach seo a chur i gcrích.

Pat the Cope Gallagher, TD

Aire Cothú Sláinte agus Sábháilteacht Bia



EXECUTIVE SUMMARY

INTRODUCTION AND METHODS

- This is the third national Survey of Lifestyle, Attitudes and Nutrition (SLÁN) in Ireland, conducted in 2007 using face-to-face interviews with adults aged 18 years or over, interviewed at home addresses. SLÁN 2007 follows on from two previous surveys using postal questionnaires – in 1998, involving 6,539 respondents with a 62% response rate, and in 2002, involving 5,992 respondents with a 53% response rate.
- The SLÁN 2007 main survey involved 10,364 respondents (62% response rate), with a sub-study on body size with 967 younger adults (aged 18-44 years) and a more detailed physical examination involving nurse assessment and blood and urine sampling in 1,207 adults (aged 45 years and over). The sample was representative of the general population in Ireland when compared with Census 2006 figures and was further weighted to match the Census for analysis. Most findings were analysed by gender, age and social class categories. The results of SLÁN 2007 are compared with those of SLÁN 1998 and 2002 where possible, and with HBSC 2006 where relevant.

HEALTH STATUS

- Self-rated health was recorded as 'excellent' or 'very good' by over half the sample (58%), with very few (3%) reporting their health as poor. Levels of self-rated health have increased from 1998 (45% 'excellent' or 'very good') and 2002 (50% 'excellent' or 'very good').
- One-tenth of respondents (11%) reported a long-term illness, health problem or disability that limited their daily activity. While there were no gender differences, one-quarter of respondents (25%) aged 65 and over reported a chronic long-term condition. Long-term illness was also more common among respondents in lower social class groups. Overall, 12% reported recent ill-health and limitations because of mental or physical health problems in the last 30 days. The most common chronic illness in the past year was back pain, with 16% reporting this problem.

HEALTH SERVICE USE

- Three-quarters of respondents (74%) had visited a general practitioner (GP) in the past year. Just over half (52%) had attended a dentist, while 9% had attended a complementary or alternative medicine practitioner. Women were more likely to use all of these services. Older people were more likely to visit the GP, but less likely to visit the dentist or alternative/complementary practitioner. There were no social class differences in attending a GP at least once in the last year, while those in higher social class groups were more likely to have attended the other professionals.

BREAST-FEEDING

- Four in 10 women (42%) reported breast-feeding at least one of their children. This represents an increase from 32% from SLÁN 2002, with larger increases in younger women (aged 18-29 years).

MENTAL HEALTH AND WELL-BEING

- Respondents were asked a series of questions on three distinct components of mental health and well-being: (i) positive mental health; (ii) non-specific psychological distress; and (iii) diagnosed mental health problems, including depression and generalised anxiety disorder.
- Overall, 90% of respondents described their quality of life as 'good' or 'very good'. Similarly, relatively high levels of positive mental health were reported. The prevalence of major depression was 6%, while 3% had generalised anxiety disorder. In general, men, younger people and those in higher social class groups reported lower levels of mental health problems.
- A small percentage (0.4%) reported some form of self-harm (e.g. taking an overdose of medication) in the past year. The percentages were too small to draw conclusions about gender, age or social class patterns.
- Mental health problems were seen to be stigmatising. Two-thirds of respondents (66%) said they would not want people to know if they were having mental health problems. This was similar across gender and social class, while more of the younger respondents reported not wanting others to know. Figures exclude neutral responses (21%).

PHYSICAL ACTIVITY

- Being 'physically active' was defined as taking part in exercise or sport 2-3 times per week for 20 or more minutes at a time or engaging in more general activities, such as walking, cycling or dancing, 4-5 times per week accumulating to at least 30 minutes per day. Over half the respondents (55%) reported being physically active, with 49% having been physically active for more than 6 months. Almost one-quarter (24%) reported some activity but not at the level great enough to be considered 'physically active'. Over one-fifth of respondents (22%) reported being physically inactive.
- Of the physically inactive respondents, less than half (41%) were thinking about becoming physically active in the next 6 months. While older people were less likely to be active than younger people, there were few gender and social class differences in activity/inactivity. Respondents who reported that they were physically inactive were asked to indicate the main reason for their inactivity. The most common response for men and women across all social classes and most age groups was having 'no time' (41%). The only exception was among those aged 65 and over, a higher percentage of whom gave 'injury/disability/medical condition' as the main reason for physical inactivity. Other reasons cited for inactivity included ill-health (18%), lack of interest (14%) and interested but unwilling to commit the time (14%). Lack of access to facilities was mentioned as a barrier to physical activity by very few respondents (3%).

- There was little evidence of a change in levels of physical activity from SLÁN 1998 to 2002 to 2007. For example, the percentage reporting moderate and/or strenuous exercise 3 or more times per week for at least 20 minutes each time were similar across the three surveys: 38% (1998), 40% (2002) and 41% (2007).

HEALTHY EATING AND THE FOOD PYRAMID

- A major concern is the overconsumption of foods high in fat, sugar and salt, which, according to the Food Pyramid, should be consumed sparingly. The majority of respondents (86%) consumed more than 3 daily servings of these types of foods from the top shelf of the Food Pyramid.
- One in 4 respondents (26%) were consuming the recommended 6 or more daily servings of cereals, breads and potatoes. Two-thirds (65%) were consuming the recommended 5 daily portions of fruit and vegetables. One-fifth (20%) were consuming the recommended 3 daily servings of milk, cheese and yoghurt products; men were more likely than women to consume more than 3 servings (25% compared to 14%). More than one-third of respondents (39%) were consuming the recommended 2 daily servings of meat, fish, poultry and alternatives; women were more likely than men to consume fewer than 2 servings (23% compared to 16%).
- Since 1998, the percentage of respondents consuming the recommended 6 or more daily servings of cereals, breads and potatoes has decreased: 40% (1998), 36% (2002) and 26% (2007). Since 2002, there has also been a decrease in the percentage of respondents consuming the recommended 3 daily servings of milk, cheese and yoghurt products: 22% (1998), 23% (2002) and 20% (2007). Conversely, the percentage of respondents consuming at least 4 daily servings of fruit and vegetables has increased: 56% (1998), 68% (2002) and 77% (2007). Consumption of the recommended 2 daily servings of meat, fish, poultry and alternatives and consumption of foods high in fat and sugar has remained similar between 1998 and 2007.

OTHER EATING HABITS

- Almost one-third of respondents either always or usually added salt to food while cooking (30%) or added salt to food at the table (32%).
- Half (48%) snacked between meals, most commonly on biscuits and cakes.
- Overall, 10% of respondents did not eat breakfast on the day prior to the survey. The most common location for consumption of the breakfast, main meal and light meal on the day prior to the survey was at home (80%, 83% and 60% respectively). 7% of respondents purchased their breakfast outside the home, 12% purchased their main meal and 23% purchased their light meal.

FOOD AFFORDABILITY

- The majority of respondents could 'always' (84%) or 'usually' (12%) afford to buy enough food for their household. One in 25 respondents (4%) sometimes could not afford to buy enough food for their household.

SMOKING

- Half of respondents (48%) had smoked at some point in their lives, with 29% reporting being current smokers (31% men and 27% women). Younger people were more likely to smoke (35% of those aged 18-29 years), as were those in lower social class groups (SC 5-6: 37%).
- Rates of smoking have decreased since 1998 across men and women, all ages and all social class groups. The decrease has occurred mainly from 1998 to 2002, with no reduction in smoking from 2002 to 2007. Rates were 33% in 1998, 27% in 2002 and 29% in 2007. Comparisons across years are reported with caution because of the different survey methods (self-report postal questionnaire in 1998 and 2002, and personal interview in 2007). Almost one in 10 smokers (9%) were actively trying to quit, with others in various stages of thinking about quitting, while 41% were not planning to quit. Younger respondents and those in higher social class groups were more likely to have tried to quit in the previous year.
- Most respondents (82%) had some rules about smoking in their own homes – 59% did not allow smoking anywhere inside their home, with an additional 23% reporting that smoking was allowed only in certain places or at certain times.

ALCOHOL AND USE OF ILLICIT DRUGS

- Most men (85%) and women (77%) drank alcohol on some occasions. One-quarter (28%) reported excessive drinking (i.e. having 6 or more standard drinks on one occasion) in the last year. This was more common in younger respondents and those in lower social class groups.
- Comparisons with previous surveys were made, again with caution because of the changed survey methods (from self-report postal questionnaire in 1998 and 2002, to personal interview in 2007). Of those respondents who have had an alcoholic drink within the previous year, the average number of alcoholic drinks consumed in an average week across the three surveys decreased from 11 drinks (1998) to 9 (2002) to 7 (2007).
- The percentage of drivers who reported driving a car after consuming 2 or more standard drinks in the past year has also decreased from 2002 (16%) to 2007 (12%).
- There was a decrease in the percentage of respondents who reported consuming 6 or more standard drinks at least once a week, from 45% (2002) to 28% (2007). Comparable data were not available for 1998. The percentages consuming over the recommended weekly alcohol limit (21 or more units for men and 14 or more units for women) also decreased over the course of the three surveys, from 15% (1998) to 13% (2002) to 8% (2007).
- Across 5 categories of illicit drugs assessed, only marijuana was used by more than one in 100 respondents in 2007 (5% reported using marijuana in the previous year). Use of all 5 categories of drug was similar or lower in 2007 than in 1998.

INJURIES NECESSITATING MEDICAL CONSULTATION

- Almost one in 10 respondents (9%) reported an injury requiring medical attention in the previous year. This was more common for men and younger people, and there were no differences between social class groups.

SOCIAL SUPPORT AND COMMUNITY PARTICIPATION

- Perceived social support (i.e. having people who show a friendly interest and can be counted on to help if the respondent has had personal problems) was reported by almost 80% among men and women, and across age and social class groups. The majority also reported finding it easy to get practical help, with older people saying it was easier to get such help.
- Participation in at least one community activity on a regular basis in the last year was reported by 55% of respondents. Similar percentages of men (56%) and women (54%) were involved, with higher percentages of those in higher social class groups (SC 1-2: 68% compared to SC 5-6: 43%). Levels of involvement were higher among younger people, with 58% of 18-29 year-olds, compared to 47% of 65+ year-olds, reporting participation in one or more community activities. Participation in community activity has reduced from 59% in 2002 to 55% in 2007, and this pattern of decline is evident across gender, age and social class groups.

BODY WEIGHT AND WEIGHT MANAGEMENT

- More than one-third of respondents (36%) reported themselves as being overweight and 14% reported being obese, according to the body mass index (BMI). Men were more likely to report being overweight (43%) or obese (16%) than women (28% overweight and 13% obese).
- Overall, the percentage of respondents who reported themselves (self-reported) as being overweight has increased, from 31% in 1998 to 33% in 2002 to 36% in 2007. Obesity levels have remained steady since 2002: 11% (1998), 15% (2002) and 14% (2007).
- Independently measured height and weight data were collected for a sub-sample of respondents and were compared to the self-reported measurements. The sub-sample consisted of 967 adults aged 18-44 and 1,207 adults aged 45 years and over. Similar to other international studies, BMI figures derived from self-reported data *underestimated* the true prevalence of overweight and obesity, particularly among older respondents. Combining the sub-sample of measured BMI data for the under-45 and over-45 age groups, 1% of all respondents were underweight (1% men and 1% women), 35% had BMIs within the healthy range (30% men and 40% women), 39% were overweight (45% men and 33% women) and 25% were obese (24% men and 26% women).
- One in 10 respondents (10%) was advised by a health professional to manage their weight in the previous year. Almost half (43%) were actively trying to do this. Most were trying to lose weight (67%), while 3% were trying to gain weight. Similar percentages were reducing fat intake (80%) and taking exercise (79%), while over two-thirds (68%) were eating fewer calories in order to maintain or lose weight.

BLOOD PRESSURE AND CHOLESTEROL

- These measures were taken by qualified nurses on a sub-sample of 1,207 respondents aged 45 years and over, who attended a separate physical examination assessment. Blood pressure and cholesterol levels, and whether the respondent was on medication for these conditions, were assessed. While respondents may have been advised to manage blood pressure or cholesterol by other methods, such as diet or physical activity, these were not assessed in the present study.
- ‘Normal’ blood pressure was categorised according to international guidelines and assessed by trained nurses. ‘High’ blood pressure was determined as ≥ 140 mmHg systolic blood pressure (SBP) or ≥ 90 mmHg diastolic blood pressure (DBP). One-third of men (33%) had normal blood pressure (below 140/90mmHg) and a further 7% had a blood pressure below 140/90mmHg while on blood pressure medication. The remainder (60%) had high blood pressure, either on no treatment (40%) or on treatment but with high levels when measured at the survey (20%). The corresponding figures for women were 47% normal blood pressure and a further 10% normal on treatment; 43% had high blood pressure, with 27% not on treatment and 16% on treatment but with blood pressure over 140/90mmHg when measured at the survey.
- In sum, a formula of at least ‘6 in 10’ applied to blood pressure. About 6 in 10 respondents (60%) had high blood pressure. Of these, about 6 in 10 (57%) were not on medication for blood pressure. Of those on medication, about 7 in 10 (70%) were not controlled to blood pressure levels below 140/90mmHg.
- ‘Normal’ total cholesterol was categorised according to international guidelines and assessed from blood samples. ‘High’ total cholesterol was determined as those having levels of ≥ 5.0 mmol/L. Over three-quarters of the sample (82%) had raised cholesterol, with most (62%) not on cholesterol-lowering medication. One-third (35%) of those treated with medication for cholesterol were not controlled.

COMBINED PHYSICAL EXAMINATION RISK FACTORS

- Respondents having one or more of the three major cardiovascular risk factors – BMI ≥ 30 kg/m² (classified as ‘obese’), raised blood pressure or raised cholesterol – were identified. Raised cholesterol was the most common of the three risk factors (82%), followed by raised blood pressure (60%). One-third of respondents (32%) were obese. One-third (32%) had raised cholesterol and were obese. Almost one in 4 (22%) had high blood pressure and were obese. Almost half (48%) had raised cholesterol and high blood pressure. Almost one in 5 (18%) were assessed as having all three cardiovascular risk factors.
- There was little gender or age difference in obesity or raised cholesterol, with a higher proportion of men and older respondents having high blood pressure. There were social class differences for obesity and raised blood pressure, with higher percentages of those in lower social class groups being obese and having high blood pressure. There was no social class pattern for raised cholesterol.
- While the focus of this section of the report was on three major cardiovascular risk factors that required measurement by health professionals in a physical examination sub-study, the one other major risk factor assessed in the main survey – smoking – is considered here in tandem with other risk factors. Overall, 20% of respondents in the physical

examination sub-study smoked. Almost one in 10 (9%) of those assessed as having all three major risk factors were also smokers.

- In conclusion, there was evidence of high levels of individual and combined health risk factors in the physical examination sub-study of the general middle-aged and older Irish population, aged 45 years and over.

COMPARISONS BETWEEN SLÁN 2007 AND HBSC 2006

- The Health Behaviour in School-aged Children (HBSC) Survey assesses school children from the age group 10-17 in school settings (see www.nuigalway.ie/hbhc). SLÁN 2007 assesses adults aged 18 years and over. Many useful comparisons are possible across these two national surveys. This report compares the oldest HBSC adolescents (aged 15-17) and the youngest adults in SLÁN 2007 (aged 18-29).
- In some instances, there was broad similarity in profiles from late adolescence to young adulthood, for example, in self-rated health, levels of food poverty and regularly having breakfast. In other instances, there was wide discrepancy: for example, smoking rates in young adults were twice those in adolescence, while exposure to cannabis in the previous 12 months was higher in adolescents. Some patterns differed by gender: for example, girls and young women were more likely to diet and less likely to engage in strenuous physical activity than boys and young men.

FURTHER REPORTS

Forthcoming reports on SLÁN 2007 will examine the following issues in greater detail:

- Nutrition, health behaviour and physical examination findings.
- Patterns of mental health and social and community participation.
- Comparisons of health behaviour and related profiles between population surveys in the Republic of Ireland and Northern Ireland.
- Policy implications of the major health behaviour profiles.

To ensure maximum and efficient access to further information, ongoing updates on these reports, as well as summary slides for teaching purposes and background details (including questionnaires and references), will be maintained at the website www.slán07.ie.

ACHOIMRE FEIDHMIÚCHÁIN

RÉAMHRÁ AGUS MODHANNA

- Is é seo an tríú Suirbhé Náisiúnta ar Nósanna Maireachtála, Dearcaí agus Cothú (SLÁN) in Éirinn. Rinneadh an suirbhé seo in 2007 trí leas a bhaint as agallaimh duine le duine i dtithe daoine fásta 18 mbliana d'aois nó níos sine. Rinneadh dhá shuirbhé eile roimh SLÁN 2007 ag baint úsáide as ceistneoirí poist – i 1998, bhí 6,539 freagróir agus ráta freagartha 62%, agus in 2002, bhí 5,992 freagróir agus ráta freagartha 53%.
- Bhí 10,364 freagróir (ráta freagartha 62%) páirteach i bpríomhshuirbhé SLÁN 2007, agus rinneadh fostaidéar ar mheáchan daoine fásta le 967 duine fásta níos óige (idir 18-44 bliain d'aois) mar aon le scrúdú fisiciúil níos mionsonraithe ar ghlac 1,207 aosach (45 bliain d'aois agus níos sine) páirt ann – scrúdú a raibh measúnú altraí agus sampláil fola agus fuail i gceist leis. Thug an sampla léargas ar phobal ginearálta na hÉireann i gcomparáid le figiúirí Dhaonáireamh 2006 agus úsáideadh scéim staitistiúil chun anailís a dhéanamh leis an Daonáireamh. Déantar anailís ar fhormhór na dtorthaí bunaithe ar inscne, aois agus aicme shóisialta. Déantar comparáid idir torthaí SLÁN 2007 agus torthaí SLÁN 1998 agus 2002 nuair is féidir, agus le HBSC 2006 nuair atá sé oiriúnach.

STÁDAS SLÁINTE

- Léirigh os cionn leath den sampla (58%) go raibh sláinte 'den scoth' nó 'an-mhaith' acu, agus léirigh céatadán beag (3%) go raibh siad i ndrochshláinte. Tá na leibhéil sláinte féinráitithe méadaithe ó 1998 (45% 'den scoth' nó 'an-mhaith') go 2002 (50% 'den scoth' nó 'an-mhaith').
- Thuairiscigh os cionn freagróir amháin as gach deichniúr (11%) go raibh breoiteacht fhadtréimhseach, fadhb sláinte nó míchumas acu a chuir bac ar a g(h)níomhaíocht laethúil. Cé nach léir go bhfuil difríochtaí inscne i gceist, thuairiscigh ceathrú de na freagróirí (25%) os cionn 65 bliain d'aois go raibh riocht ainsealach fadtréimhseach ag dul dóibh. Bhí breoiteacht fhadtréimhseach níos coitianta i measc freagróirí i measc grúpaí sna haicmí sóisialta níos ísle. Tríd is tríd, thuairiscigh 12% go raibh siad i ndrochshláinte agus go raibh bac éigin orthu le 30 lá anuas de dheasca fadhbanna meabhairshláinte nó fadhbanna sláinte fhisiciúil. Ba é an bhreoiteacht ainsealach ba choitianta le bliain anuas pian droma. Thuairiscigh 16% go raibh an fhadhb seo acu.

ÚSÁID SEIRBHÍSÍ SLÁINTE

- Thug trí cheathrú d'fhreagróirí (74%) cuairt ar dhochtúir teaghlaigh (GP) le bliain anuas. Thug os cionn leath (52%) cuairt ar fhiaclóir, agus thug 9% cuairt ar liachleachtóir comhlántach nó malartach. Bhí níos mó seans ann gur mná a d'úsáid na seirbhísí seo. Bhí níos mó seans ann go mbeadh daoine níos sine ag tabhairt cuairte ar dhochtúir teaghlaigh, seachas cuairt a thabhairt ar an bhfiaclóir nó ar chleachtóir malartach/comhlántach. Ní raibh difríochtaí ar bith sna haicmí sóisialta a d'fhreastail ar dhochtúir teaghlaigh uair amháin, ar a laghad, le bliain anuas, cé go raibh níos mó seans ann go bhfreastalódh daoine ó aicmí sóisialta níos airde ar na gairmithe eile.

BEATHÚ CÍCHE

- Thuairiscigh ceathrar as gach deichniúr ban (42%) gur bheathaigh siad, ar a laghad, leanbh amháin dá gcuid trí bheathú cíche. Is ionann é seo agus méadú 32% ó SLÁN 2002, agus bhí na méaduithe is suntasaí le tabhairt faoi deara i measc ban níos óige (18-29 bliain).

MEABHAIRSHLÁINTE AGUS FOLLÁINE

- Fiafraíodh sraith ceisteanna de fhreagróirí maidir le trí ghné ar leith de mheabhairshláinte agus d'fholláine: (i) meabhairshláinte dhearfach; (ii) anacair neamhshonrach shíceolaíoch; agus (iii) fadhbanna meabhairshláinte diagnóisithe, lena n-áirítear dúlagar agus mí-ord ginearálta buartha.
- Thuairiscigh 90% de fhreagróirí go raibh cáilíocht beatha 'maith' nó 'an-mhaith' acu. Ar an gcuma chéanna, tuairiscíodh leibhéal réasúnta ard de mheabhairshláinte dhearfach. Thuairiscigh 6% dúlagar tromchúiseach, agus thuairiscigh 3% go raibh mí-ord ginearálta buartha ag cur isteach orthu. Go ginearálta, thuairiscigh fir, daoine níos óige agus daoine sna haicmí sóisialta is airde leibhéal níos ísle d'fhadhbanna meabhairshláinte.
- Thuairiscigh céatadán beag (0.4%) foirm éigin d'fhéinghortú (e.g. ag tógáil ródháileog cógais) le bliain anuas. Bhí na céatadáin seo róbheag le tátal a bhaint astu maidir le hinscne, aois nó patrúin aicme shóisialta.
- Measadh gur bhain cúis náire le fadhbanna meabhairshláinte. Thuairiscigh dhá thrian de fhreagróirí (66%) nár theastaigh uathu go mbeadh a fhios ag daoine dá mbeadh fadhbanna meabhairshláinte ag cur isteach orthu. Bhí an chosúlacht seo ar an scéal i ndáil le hinscne agus le haicme shóisialta, cé gur thuairiscigh go leor de na freagróirí óga nár theastaigh uathu go mbeadh a fhios ag daoine eile.

GNÍOMHAÍOCHT FHSICIÚIL

- B'ionann a bheith páirteach i 'gníomhaíocht fhsiciúil' agus páirt a ghlacadh in aclaíocht nó spórt 2-3 uair in aghaidh na seachtaine ar feadh 20 nóiméad nó níos mó ag an am, nó gníomhaíochtaí níos ginearálta cosúil le siúl, rothaíocht nó damhsa 4-5 huair in aghaidh na seachtaine, atá cothrom le 30 nóiméad, ar a laghad, in aghaidh an lae. Thuairiscigh os cionn leath de na freagróirí (55%) go raibh siad páirteach i ngníomhaíocht fhsiciúil, agus thuairiscigh 49% go raibh siad páirteach i ngníomhaíocht fhsiciúil ar feadh níos mó ná 6 mhí. Thuairiscigh ceathrú (24%) go raibh siad páirteach i roinnt gníomhaíocht fhsiciúil ach ní ag leibhéal a d'fhéadfaí a rá go raibh siad 'gníomhach go fhsiciúil'. Thuairiscigh cúigiú de na freagróirí (22%) go raibh siad neamhghníomhach go fhsiciúil.
- I measc na bhfreagróirí a thuairiscigh go raibh siad neamhghníomhach go fhsiciúil, bhí níos lú ná leath díobh ag smaoineamh ar pháirt a ghlacadh i ngníomhaíocht fhsiciúil laistigh de 6 mhí. Cé go bhfuil níos lú seans ann go mbeidh daoine níos sine chomh gníomhach le daoine níos óige, is beag difríocht inscne agus aicme shóisialta a bhí le brath i ngníomhaíocht/neamhghníomhaíocht. Fiafraíodh de fhreagróirí a thuairiscigh go raibh siad neamhghníomhach go fhsiciúil príomhchúis na neamhghníomhaíochta a léiriú. Ba é an freagra ba choitianta a thug fir agus mná ó na haicmí sóisialta ar fad agus i bhformhór na ngrúpaí aoise 'easpa ama' (41%). Bhain an t-aon eisceacht le daoine 65 bliain d'aois agus

níos sine; thug céatadán níos airde den ghrúpa seo ‘gortú/míchumas/riocht sláinte’ mar phríomhchúis do neamhghníomhaíocht fhisiciúil. I measc na gcúiseanna eile a tugadh bhí drochshláinte (18%), easpa suime (14%) agus suim ann ach neamhthoilteanach an t-am a chaitheamh air (14%). Níor luaigh ach fíorbheagán freagróirí (3%) easpa rochtana ar acmhainní mar bhacainn ar ghníomhaíocht fhisiciúil.

- Is beag fianaise a bhí ann ar athrú sna leibhéil ghníomhaíochta i gcomparáid le SLÁN 1998, 2002 agus 2007. Mar shampla, bhí cosúlacht le brath idir an céatadán a thuairiscigh aclaíocht mheasartha agus/nó aclaíocht dhian 3 huairé nó níos mó in aghaidh na seachtaine ar feadh, ar a laghad, 20 nóiméad gach babhta sa trí shuirbhé: 38% (1998), 40% (2002) agus 41% (2007).

BIA SLÁINTIÚIL AGUS AN PHIRIMID BIA

- Ábhar imní is ea an méid bianna lán le saill, siúcra agus salann atá á ithe ag daoine; bunaithe ar an bPirimid Bia níor cheart an iomarca bia den sórt seo a ithe. D’ith formhór na bhfreagróirí (86%) níos mó ná 3 riar laethúla de na cineálacha seo bia ó bharr na Pirimide Bia.
- Bhí freagróir amháin as gach ceathrar (26%) ag ithe an riar molta laethúil de 6 riar nó níos mó de ghránaigh, arán agus prátaí. Bhí dhá thrían (65%) ag ithe 5 chuid torthaí agus glasraí go laethúil – rud atá inmholta. Bhí cúigiú de na freagróirí (20%) ag ithe 3 chuid táirgí bainne, cáise agus iógairt in aghaidh an lae; bhí seans níos mó ann go mbeadh fir ag ithe níos mó ná 3 chuid in aghaidh an lae i gcomparáid le mná (25% i gcomparáid le 14%). Bhí níos mó ná trian de na freagróirí (39%) ag ithe 2 chuid feola, éisc, éineola agus táirgí cosúla eile in aghaidh an lae; bhí seans níos mó ann go mbeadh mná ag ithe níos lú ná 2 chuid in aghaidh an lae i gcomparáid le fir (23% i gcomparáid le 16%).
- Ó 1998 i leith, laghdaigh céatadán na bhfreagróirí a bhí ag ithe an riar molta laethúil de 6 riar nó níos mó de ghránaigh, arán agus prátaí (1998: 40%; 2002: 36%; 2007: 26%). Ó 2002, tá laghdú tagtha ar chéatadán na bhfreagróirí atá ag ithe an riar molta laethúil de 3 riar táirgí bainne, cáise agus iógairt (1998: 22%; 2002: 23%; 2007: 20%). Go contrártha, tá méadú tagtha ar chéatadán na bhfreagróirí a itheann, ar a laghad, an riar molta laethúil de 4 riar nó níos lú de thorthaí agus de ghlasraí (1998: 56%; 2002: 68%; 2007: 77%). Is beag athrú a tháinig ar an 2 riar laethúla feola, éisc, éineola agus táirgí eile agus bhí cosúlacht le brath idir an méid bianna lán le saill agus siúcra a bhí á ithe ag daoine idir 1998 agus 2007.

NÓSANNA ITHE EILE

- Thuairiscigh trian de na freagróirí gur chuir siad salann lena gcuid bia i gcónaí nó go hiondúil le linn dóibh a bheith ag cócaireacht (30%) nó gur chuir siad salann lena gcuid bia ag an mbord (32%).
- D’ith leath de na freagróirí (48%) sneaiceanna idir béilí – brioscaí agus cácaí den chuid is mó.
- Níor ith 10% de na freagróirí bricfeasta ar bith ar an lá roimh an suirbhé. D’ith formhór na bhfreagróirí bricfeasta, príomhbhéile agus béile éadrom sa bhaile ar an lá roimh an suirbhé (80%, 83% agus 60% faoi seach). Cheannaigh 7% de na freagróirí a mbricfeasta lasmuigh den bhaile, cheannaigh 12% a bpríomhbhéile agus cheannaigh 23% a mbéile éadrom.

PRAGHAS BIA

- Bhí dóthain airgid ag formhór na bhfreagróirí 'i gcónaí' (84%) nó 'de ghnáth' (12%) chun dóthain bia a cheannach don teaghlach. Thuairiscigh freagróir amháin as gach 25 freagróir (4%) nach raibh dóthain airgid acu uaireanta le bia a cheannach don chlann.

CAITHEAMH TOBAC

- Chaith freagróir amháin as gach beirt freagróirí (48%) tobac ag tráth éigin den saol; thuairiscigh 29% go gcaitheann siad tobac i láthair na huaire (31% fir agus 27% mná).
- Bhí níos mó seans ann gur daoine óga a bheadh ag caitheamh tobac (35% díobh siúd idir 18-29 bliain), mar aon leis na daoine sna haicmí sóisialta níos ísle (AS 5-6: 37%).
- Tá rátaí na ndaoine a chaitheann tobac laghdaithe ó 1998 i measc na bhfear agus na mban, i ngach aoisghrúpa agus i measc na n-aicmí sóisialta ar fad. Tharla an laghdú seo den chuid is mó idir 1998 agus 2002, agus níor tháinig laghdú ar bith ar na rátaí caitheamh tobac idir 2002 agus 2007. Bhí na rátaí cothrom le 33% i 1998, 27% in 2002 agus 29% in 2007. Tugtar léargas cúramach ar chomparáid idir na blianta éagsúla bunaithe ar mhodhanna difriúla suirbhé (ceistneoir féintuarascála poist i 1998 agus in 2002, agus agallamh pearsanta in 2007). Bhí beagnach freagróir amháin as gach deichniúr (9%) ag déanamh iarrachta ghníomhaigh éirí as an tobac, agus bhí daoine eile fós ag smaoineamh ar éirí as an tobac, agus bhí 41% nach raibh pleananna ar bith acu éirí as an tobac. Bhí níos mó seans ann go ndearna freagróirí níos óige i gcomparáid le freagróirí a bhaineann leis na haicmí sóisialta níos airde iarracht éirí as an tobac sa bhliain roimhe seo.
- Bhí rialacha áirithe ag formhór na bhfreagróirí (82%) maidir le caitheamh tobac ina dtithe féin – níor cheadaigh 59% freagróirí tobac a chaitheamh taobh istigh dá dteach, agus thuairiscigh 23% breise go raibh cead tobac a chaitheamh in áiteanna áirithe agus ag amanna faoi leith.

ALCÓL AGUS ÚSÁID DRUGAÍ AINDLEATHACHA

- D'ól formhór na bhfear (85%) agus formhór na mban (77%) alcól scaití. Thuairiscigh ceathrú de na freagróirí (28%) gur ól siad an iomarca (i.e. níos mó ná 6 dheoch chaighdeánacha as a chéile) le bliain anuas. Bhí an nós seo níos coitianta i measc freagróirí níos óige agus i measc grúpaí sna haicmí sóisialta níos ísle.
- Tugtar léargas cúramach ar chomparáid idir na suirbhéanna a rinneadh roimhe seo, de dheasca modhanna difriúla suirbhé (ceistneoir féintuarascála poist i 1998 agus in 2002, agus agallamh pearsanta in 2007). As measc na bhfreagróirí sin a raibh deoch alcólach acu an bhliain roimhe sin, laghdaigh an meánlíon deochanna alcólacha a óladh i ngnáthsheachtain sna trí shuirbhé ó 11 deoch (1998) go dtí 9 ndeoch (2002) go dtí 7 ndeoch (2007).
- Tá céatadán na dtiománaithe a thuairiscigh gur thiomáin siad carr i ndiaidh 2 dheoch chaighdeánacha nó níos mó a ól laghdaithe le bliain anuas freisin – 2002 (16%) agus 2007 (12%).
- Tháinig laghdú ar chéatadán na bhfreagróirí a thuairiscigh gur ól siad 6 dheoch chaighdeánacha nó níos mó, ar a laghad, uair sa tseachtain, ó 45% (2002) go dtí 28% (2007). Ní raibh teacht ar shonraí inchomparáide do 1998. Chomh maith leis sin, laghdaigh

céatadán na ndaoine a bhí ag ól níos mó ná an teorainn sheachtainiúil alcóil (21 aonad nó níos mó d'fhir agus 14 aonad nó níos mó do mhná) i rith thréimhse na dtrí shuirbhé, ó 15% (1998) go dtí 13% (2002) go dtí 8% (2007).

- Sna 5 chatagóir de dhrugaí aindleathacha a measadh, níor úsáid ach freagróir amháin as gach 100 freagróir marachuan in 2007 (thuairiscigh 5% gur úsáid siad marachuan sa bhliain roimhe sin). Bhí úsáid sa 5 chatagóir drugaí cosúil nó níos ísle in 2007 ná mar a bhí i 1998.

GORTUITHE AR THEASTAIGH COMHAIRLE LEIGHIS INA LEITH

- Thuairiscigh beagnach freagróir amháin as gach deichniúr (9%) gur bhain gortú ar theastaigh comhairle leighis ina leith díobh sa bhliain roimhe seo. Bhí an nós seo níos coitianta i measc na bhfear agus daoine níos óige, agus ní raibh difríocht ar bith le sonrú i measc grúpaí aicme shóisialta.

TACAÍOCHT SHÓISIALTA AGUS RANPHÁIRTÍOCHT POBAIL

- Thuairiscigh beagnach 80% d'fhir agus de mhná go raibh tacaíocht shóisialta ar fáil (i.e. daoine ar aithne dóibh a léirigh spéis iontu agus a bhféadfadh an freagróir brath orthu dá mbeadh fadhbanna pearsanta acu), sna haoisghrúpaí agus sna grúpaí aicme shóisialta éagsúla. Thuairiscigh formhór na bhfreagróirí go raibh sé éasca teacht ar chúnamh praiticiúil, agus thuairiscigh daoine níos sine go raibh sé níos éasca teacht ar a leithéid de chúnamh.
- Thuairiscigh 55% de fhreagróirí gur ghlac siad páirt i ngníomhaíocht phoiblí amháin, ar a laghad, le bliain anuas. Bhí céatadán chosúla d'fhir (56%) agus de mhná (54%) i gceist, agus bhí céatadán níos airde i measc ghrúpaí na n-aicmí sóisialta is airde (AS 1-2: 68% i gcomparáid le AS 5-6: 43%). Bhí leibhéil rannpháirtíochta níos airde le sonrú i measc daoine níos óige – thuairiscigh 58% díobh siúd idir 18-29, i gcomparáid le 47% díobh siúd 65+ bliain, gur ghlac siad páirt i ngníomhaíocht phoiblí amháin nó níos mó. Tá laghdú tagtha ar rannpháirtíocht i ngníomhaíocht phoiblí ó 59% in 2002 go dtí 55% in 2007, agus tá an patrún laghdaithe seo le sonrú in inscne, aoisghrúpaí agus grúpaí aicme shóisialta.

MEÁCHAN COIRP AGUS BAINISTÍOCHT MEÁCHAIN

- Thuairiscigh níos mó ná trian de na freagróirí (36%) go raibh siad róthrom agus thuairiscigh 14% go raibh siad murtallach, bunaithe ar innéacs mais coirp (BMI). Bhí seans níos mó ann go dtuairisceodh fir go bhfuil siad róthrom (43%) nó murtallach (16%) ná mná (28% róthrom agus 13% murtallach).
- Tríd is tríd, tá méadú tagtha ar chéatadán na bhfreagróirí a thuairiscigh go bhfuil siad róthrom ó 1998 (1998: 31%; 2002: 33%; 2007: 36%), cé gur fhan leibhéil mhurtallacha mórán mar a chéile ó 2002 (1998: 11%; 2002: 15%; 2007: 14%).
- Bailíodh sonraí airde agus meáchain, tomhaiste go neamhspleách, d'fhoshampla freagróirí agus cuireadh i gcomparáid iad le tomhais féintuairiscithe. San áireamh san fhoshampla bhí 967 duine fásta idir aois 18-44 agus 1,207 duine fásta 45 bliain d'aois agus níos sine.

Dála staidéir idirnáisiúnta eile atá déanta, níor thug na figiúirí BMI ó shonraí féintuairiscithe léargas cruinn ar chomh forleathan is atá daoine atá róthrom nó murtallach, go háirithe i measc na bhfreagróirí níos sine. Trí na sonraí BMI tomhaiste den fhoshampla a chur le chéile d'aoisghrúpaí faoi 45 agus os cionn 45, bhí 1% de na freagróirí ar fad ró-éadrom (1% d'fhir agus 1% de mhná), bhí BMI ag 35% a bhí laistigh den ghnáthraon (30% d'fhir agus 40% de mhná), bhí 39% róthrom (45% d'fhir agus 33% de mhná) agus bhí 25% murtallach (24% d'fhir agus 26% de mhná).

- Lorg freagróirí amháin as gach deichniúr (10%) comhairle ó ghairmí sláinte maidir lena meáchan a bhainistiú an bhliain roimhe sin. Bhí beagnach leath (43%) de na freagróirí ag iarraidh é seo a dhéanamh. Bhí formhór acu ag iarraidh meáchán a chailleadh (67%), cé go raibh 3% ag iarraidh meáchan a chur orthu féin. Bhí céatadán chosúla ag iarraidh a n-iontógáil saille (80%) a laghdú agus aclaíocht a dhéanamh (79%), agus bhí níos mó ná dhá thrian (68%) ag ithe níos lú calraí ar mhaithe le meáchan a chothabháil nó a chailleadh.

BRÚ FOLA AGUS COLAISTÉARÓL

- Altraí cáilithe a thóg na tomhais seo ar fhoshampla 1,207 freagróir 45 bliain d'aois agus níos sine, a d'fhreastail ar scrúdú fisiciúil ar leith. Measadh brú fola agus leibhéil cholaistéaróil, agus an raibh an freagróir ag tógáil cógas ar bith nuair a measadh na leibhéil seo. Ainneoin go mb'fhéidir gur comhairlíodh do fhreagróirí brú fola nó colaistéaról a bhainistiú trí mhodhanna eile, cosúil le haiste bia nó gníomhaíocht fhisiciúil, níor measadh na modhanna eile seo sa staidéar seo.
- Cuireadh 'gnáthbhrú fola' i gcatagóir bunaithe ar threoirlínte idirnáisiúnta agus altraí oilte a mheas na catagóirí seo. Cinneadh gurb ionann brú fola 'ard' agus ≥ 140 mmHg brú fola siostólach (SBP) nó ≥ 90 mmHg brú fola diastólach (DBP). Tá gnáthbhrú fola (faoi 140/90mmHg) ag trian d'fhir (33%) agus tá brú fola faoi bhun 140/90mmHg ag 7% breise le linn díobh a bheith ag tógáil cógais do bhrú fola. Bhí brú fola ard ag na freagróirí eile (60%), san áireamh bhí daoine nach raibh ag fáil cóir leighis (40%) ar bith nó daoine a bhí ag fáil cóir leighis ach ag a raibh brú fola ard nuair a rinneadh an suirbhé (20%). I gcás na mban bhí gnáthbhrú fola ag 47% agus ag 10% eile a bhí ag fáil cóir leighis; bhí brú fola ard ag 27% nach raibh ag fáil cóir leighis agus bhí brú fola os cionn 140/90mmHg ag 16% a bhí ag fáil cóir leighis nuair a rinneadh an suirbhé.
- Ar an iomlán, bhain foirmle de 'seisear as gach deichniúr', ar a laghad, le brú fola. Bhí brú fola ard ag thart ar 6 as gach 10 freagróirí (60%). Astu seo, bhí thart ar 6 as gach 10 (57%) nach raibh ag tógáil cógais do bhrú fola. As measc na ndaoine a bhí ag tógáil cógais, bhí thart ar 7 as gach 10 (70%) nach raibh an leibhéal brú fola á choinneáil faoi bhun 140/90mmHg.
- Cuireadh 'gnáthcholaistéaról' i gcatagóir bunaithe ar threoirlínte idirnáisiúnta agus is bunaithe ar shamplaí fola a measadh colaistéaról. Measadh go raibh colaistéaról 'ard' ag daoine a raibh leibhéil cholaistéaróil níos mó ná ≥ 5.0 mmol/L acu. Bhí colaistéaról ardaithe ag níos mó ná trian den sampla (82%), agus ní raibh formhór díobh sin (62%) ag tógáil cógais chun colaistéaról a íslíú. Ní raibh trian (35%) díobh siúd a bhí ag tógáil cógais do cholaistéaról á rialú.

COMHFACHTÓIRÍ RIOSCA AN SCRÚDAITHE FHISICIÚIL

- Aithníodh freagróirí a raibh ceann nó níos mó de thrí mhórfhachtóir riosca ag dul dóibh – BMI $\geq 30\text{kg/m}^2$ (rangaithe mar ‘murtallach’), brú fola ardaithe nó colaistéaról ardaithe. Ba é colaistéaról ardaithe an fachtóir ba choitianta den trí fhachtóir riosca (82%), agus ina dhiaidh sin brú fola (60%). Bhí trian de na freagróirí (32%) murtallach. Bhí trian de na freagróirí (32%) murtallach agus bhí colaistéaról ardaithe acu. Bhí brú fola ard ag thart ar dhuine amháin as gach 4 freagróirí (22%) mar aon le bheith murtallach. Bhí colaistéaról ardaithe agus brú fola ard ag beagnach leath de na freagróirí (48%). Measadh go raibh na trí fhachtóir brú ag cur isteach ar bheagnach freagróir amháin as gach cúigear (18%).
- Is beag difríocht a bhí le sonrú maidir le hinscne nó aois i ndaoine murtallacha nó daoine a raibh colaistéaról ardaithe acu, agus bhí brú fola ard ag céatadán níos airde d’fhir agus de fhreagróirí níos sine. Bhí difríochtaí le sonrú i measc aicmí sóisialta maidir le murtallacht agus brú fola ardaithe, agus bhí céatadán níos airde de na grúpaí sna haicmí sóisialta níos ísle murtallach agus bhí brú fola ard acu. Níor bhain patrún faoi leith bunaithe ar aicme shóisialta le colaistéaról ardaithe.
- Cé gur dhírigh an chuid seo den tuarascáil ar thrí mhórfhachtóir riosca a raibh sé riachtanach go ndéanfadh gairmithe sláinte iad a thomhas trí fhostaidéar scrúdú fhisiciúil, meastar go bhfuil an t-aon mhórfhachtóir riosca eile sa phríomhstaidéar – caitheamh tobac – ag teacht le modh measta na bhfachtóirí eile. Ar an iomlán, chaith 20% de na freagróirí a ghlac páirt i bhfostaidéar an scrúdaithe fhisiciúil tobac. As na daoine a measadh go raibh na trí mhórfhachtóir riosca ag cur isteach orthu chaith beagnach freagróir amháin as gach deichniúr (9%) tobac.
- Ar deireadh, bhí fianaise ann de leibhéal ard rioscaí sláinte i measc daoine aonair agus i dteannta a chéile san fhostaidéar scrúdaithe fhisiciúla ar dhaonra meánaosta agus níos sine na hÉireann – daonra 45 bliain d’aois agus níos sine.

COMPARÁID IDIR SLÁN 2007 AGUS HBSC 2006

- Is éard a bhí i gceist leis an Suirbhé ar Iompraíocht Sláinte i Leanaí ag Aois Scoile (HBSC) leanaí scoile in aoisghrúpa 10-17 a mheas i suímh scoile (féach www.nuigalway.ie/hbcs). Is éard atá i gceist le SLÁN 2007 daoine fásta os cionn 18 mbliana d’aois a mheas. Is iomaí comparáidí úsáideacha is féidir a dhéanamh idir an dá shuirbhé náisiúnta seo. Déantar comparáid sa tuarascáil seo ar na hógánaigh HBSC is sine (idir 15-17 mbliana d’aois) agus na daoine fásta is óige i SLÁN 2007 (idir 18-29 bliain d’aois).
- I gcásanna áirithe, bhí cosúlacht ghinearálta idir na próifílí a bhain le hógánaigh níos sine agus luath-aosacht – sláinte féinráitilte, leibhéal bochtaineachta bia agus bricfeasta a ithe go rialta mar shampla. I gcásanna eile, bhí neamhréiteach forleathan le sonrú: mar shampla, bhí na rátaí caitheamh tobac i measc daoine fásta óga cothrom le dhá oiread na rátaí a bhí le sonrú i measc ógánach, cé go raibh rátaí cannabais sa 12 mhí roimhe sin níos airde i measc ógánach. Bhí patrúin dhifriúla inscne ann freisin: mar shampla, bhí níos mó seans ann go mbeadh cailíní agus mná níos óige ar aiste bia agus is lú seans a bhí ann go nglacfaidís páirt i ngníomhaíocht fhisiciúil i gcomparáid le buachaillí agus fir óga.

TUAIRISCÍ BREISE

Sna tuairiscí a dhéanfar amach anseo bunaithe ar SLÁN 2007 déanfar scrúdú níos mine ar na ceisteanna seo a leanas:

- Cothú, iompraíocht sláinte agus torthaí scrúduithe fisiciúla.
- Patrúin mheabhairshláinte agus rannpháirtíocht shóisialta agus phoiblí.
- Comparáid idir próifílí iompraíocht sláinte agus próifílí gaolmhara idir suirbhéanna daonra i bPoblacht na hÉireann agus i dTuaisceart Éireann.
- Na himpleachtaí a bhíonn ag beartais ar mhórphróifílí iompraíocht sláinte.

D'fhonn a chinntiú nach mbeidh deacracht ar bith teacht ar eolas breise, beidh an t-eolas is déanaí faoi na tuairiscí seo, mar aon le sleamhnáin achoimre chun críche teagaisc agus sonraí cúlra (lena n-áirítear ceistneoirí agus tagairtí), le fáil ar an láithreán gréasáin seo a leanas www.slan07.ie.