

PART 1 - SIMPLE RELATIONSHIPS BETWEEN STUDY FACTORS AND HEALTH

Chapter 5 | Demographic and Socio-economic Characteristics and Health

This chapter describes the simple relationships between demographic and socio-economic characteristics and perceived health on the island. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 5.6.1 and 5.6.2 in Section 5.6.

5.1 General Health

Fifty nine percent of all respondents on the island said they have excellent/very good general health.

5.1.1 Demographic Characteristics

There is little difference in the percentage of males and females who have excellent/very good general health.

The percentage of respondents who have excellent/very good general health falls dramatically with age. The rates of fall in the two jurisdictions are different ($p=0.0002$).

When compared to Northern Ireland, younger respondents in the Republic of Ireland are more likely and older respondents in the Republic of Ireland are less likely, to have excellent/very good general health (see Figure 5.1.1).

Excellent/very good general health is more common in the Republic of Ireland than it is in Northern Ireland (62% compared to 53%). This North-South difference is explained by the different relationships between age and general health that are observed in the two jurisdictions.

The percentage of respondents who have excellent/very good general health does not vary significantly with the size of the centre they live in (in the Republic of Ireland).

While the percentage of respondents who have excellent/very good general health appears to be smaller for those who have lived in the local area for a longer time, this is explained by the fact that they also tend to be older.

Single (never married) respondents are most likely to have excellent/very good general health, followed by those who are married/cohabitating. Separated/divorced respondents and widowed respondents are least likely.

5.1.2 Socio-economic Characteristics

The likelihood of having excellent/very good general health increases with education and with social class (in the Republic of Ireland, at least).

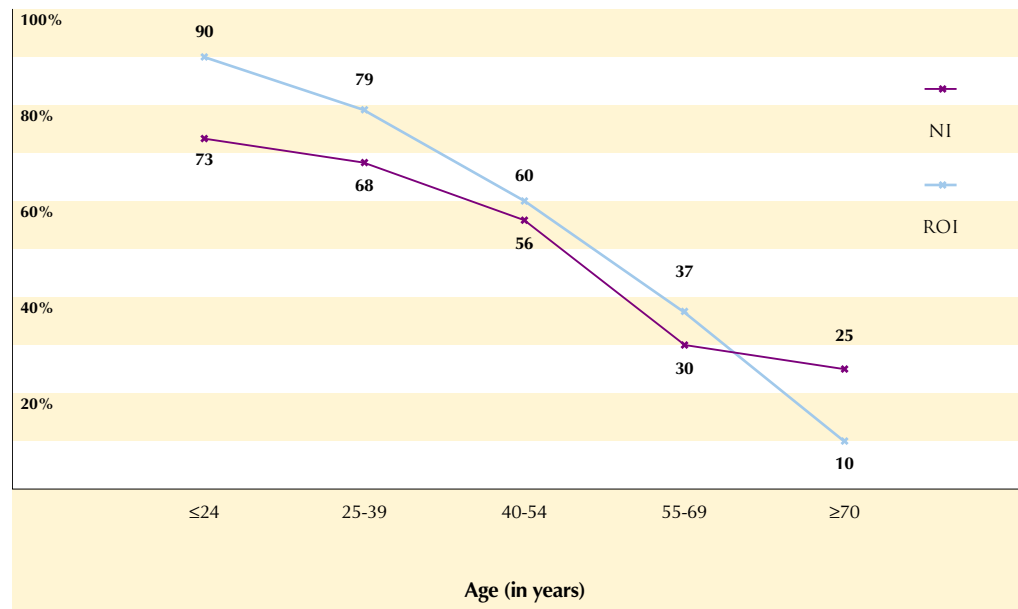
Employed respondents are most likely to have excellent/very good general health; those who are retired are least likely. Respondents who do not participate in paid work (unemployed and economically inactive) lie between these two extremes.

The percentage of respondents having excellent/very good general health increases dramatically with income, from 40% for those earning <£7,000pa to 82% for those earning ≥£26,000pa.

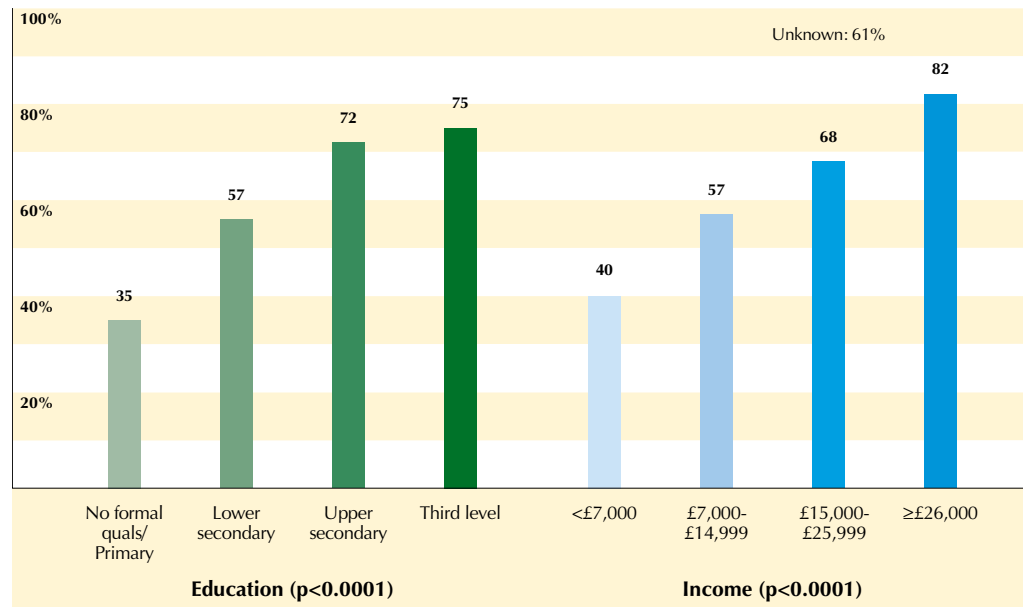
Respondents renting in the private sector are most likely to have excellent/very good health; those renting in the public sector are least likely.

FIGURE 5.1.1

Percentage of respondents who have excellent/very good general health, by age

**FIGURE 5.1.2**

Percentage of respondents who have excellent/very good general health, by education and income



5.2 Limiting Long-term Illness

Eighty six percent of all respondents on the island said they are free of limiting long-term illness.

5.2.1 Demographic Characteristics

There is no difference in the percentage of males and females who are free of limiting long-term illness.

The percentage of respondents who are free of limiting long-term illness falls dramatically with age. There is some evidence that the rates of fall in the two jurisdictions are different ($p=0.0267$).

When compared to those in Northern Ireland, younger respondents in the Republic of Ireland are more likely and older respondents in the Republic of Ireland are less likely, to be free of limiting long-term illness (see Figure 5.2.1).

Respondents in the Republic of Ireland are much more likely than respondents in Northern Ireland to be free of limiting long-term illness (90% compared to 78%). This North-South difference is not explained by the different relationships between age and limiting long-term illness that are observed in the two jurisdictions.

The percentage of respondents who are free of limiting long-term illness does not vary significantly with the size of the centre they live in (in the Republic of Ireland).

After adjusting for differences in gender and age, the percentage of respondents who are free of limiting long-term illness varies significantly with the length of time they have lived in the local area.

Single (never married) respondents, those who are married/cohabitating and separated/divorced respondents are most likely to be free of limiting long-term illness. Widowed respondents are considerably less likely.

5.2.2 Socio-economic Characteristics

Respondents with no formal qualifications/primary qualifications are less likely than others to be free of limiting long-term illness.

In Northern Ireland, respondents from the lowest social class (partly skilled, unskilled workers) are less likely than those from higher social classes to be free of limiting long-term illness.

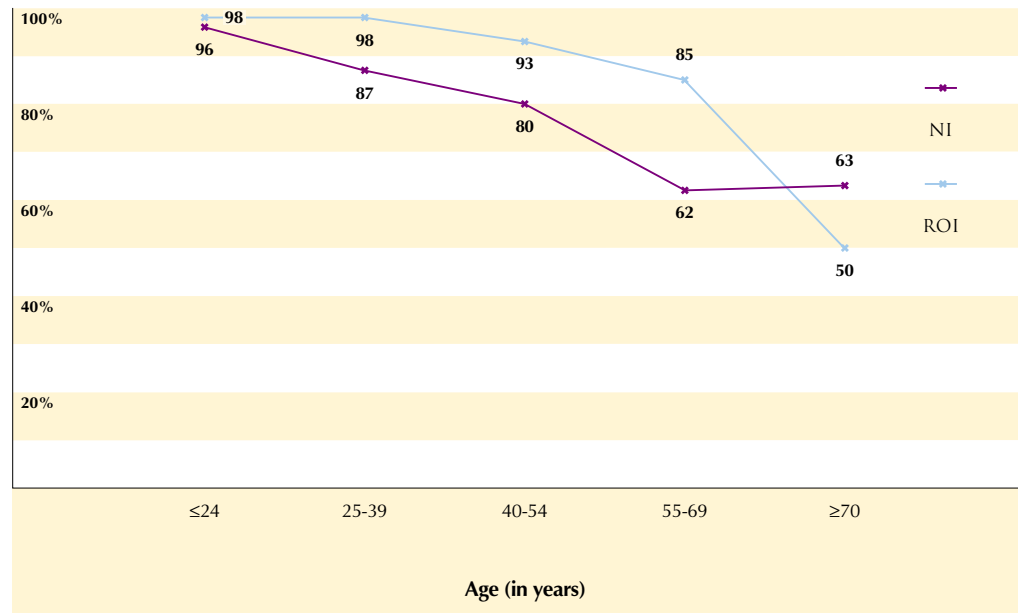
Employed respondents are most likely to be free of limiting long-term illness; those who are retired are least likely. Respondents who do not participate in paid work (unemployed and economically inactive) lie between these two extremes.

The likelihood of being free of limiting long-term illness increases with income.

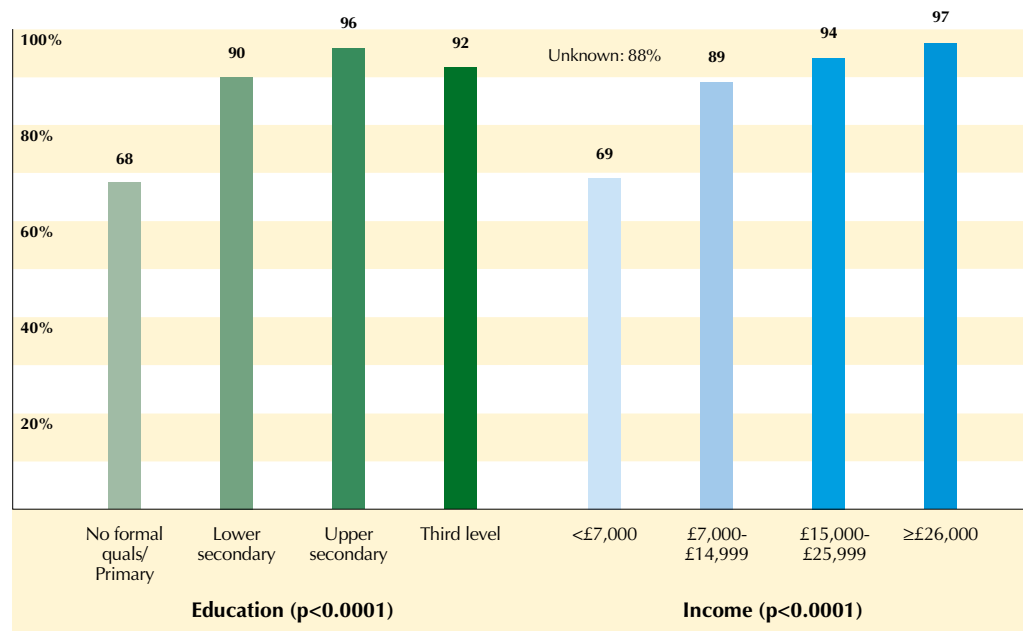
Respondents renting in the public sector are less likely to be free of limiting long-term illness than those who either rent in the private sector or who own/are buying their house.

FIGURE 5.2.1

Percentage of respondents who are free of limiting long-term illness, by age

**FIGURE 5.2.2**

Percentage of respondents who are free of limiting long-term illness, by education and income



5.3 General Mental Health

5.3.1 Demographic Characteristics

Males are more likely than females to have a high general mental health score.

The percentage of respondents who have a high general mental health score decreases with age, from 40% for those aged under 40 years to 32% for those aged 70 years and over. There is no evidence that the rates of fall in the two jurisdictions are different ($p=0.1598$) (see Figure 5.3.1).

Respondents living in towns (particularly large towns) are more likely to have a high general mental health score than those living in cities - particularly Dublin City (in the Republic of Ireland).

Unlike the other measures of perceived health, there is no significant North-South difference in the percentage of respondents who have a high general mental health score.

The percentage of respondents who have a high general mental health score does not vary significantly with the length of time they have lived in the local area (in the Republic of Ireland).

Single (never married) respondents and those who are married/cohabitating are most likely to have a high general mental health score. Widowed respondents and separated/divorced respondents are least likely.

5.3.2 Socio-economic Characteristics

While the percentage of respondents who have a high general mental health score appears to vary with education level and social class (in both jurisdictions), these variations are explained by differences in gender and age.

Employed respondents are most likely to have a high general mental health score. Respondents who do not participate in paid work (unemployed and economically inactive) and those who are retired are least likely.

The likelihood of having a high general mental health score varies significantly with income and is lowest in the lowest income group and highest in the highest income group.

Respondents renting in the public sector are less likely to have a high general mental health score than those who either rent in the private sector or who own/are buying their house.

FIGURE 5.3.1
Percentage of respondents who have a high general mental health score, by age

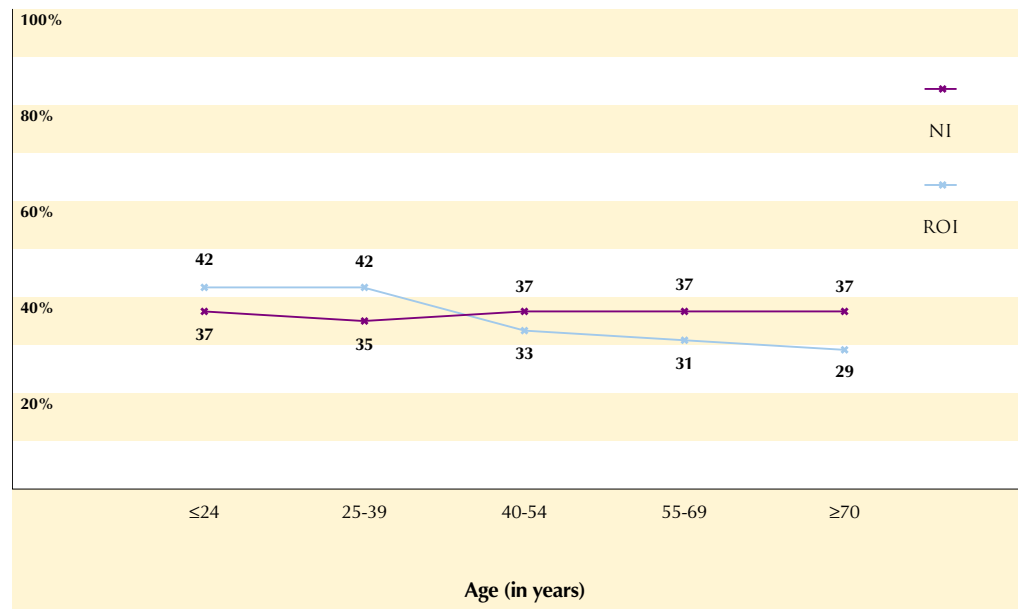
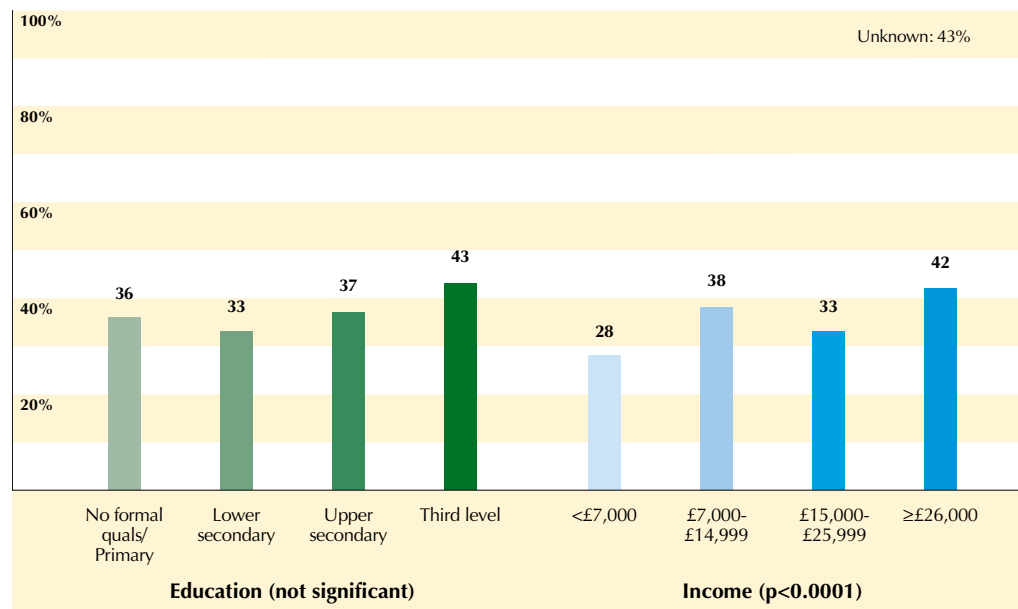


FIGURE 5.3.2
Percentage of respondents who have a high general mental health score, by education and income



5.4 Satisfaction with Health

Thirty five percent of all respondents on the island said they are very satisfied with their health.

5.4.1 Demographic Characteristics

There is little difference in the percentage of males and females who are very satisfied with their health.

The percentage of respondents who are very satisfied with their health falls dramatically with age. The rates of fall in the two jurisdictions are different ($p=0.0043$). When compared to those in Northern Ireland, younger respondents in the Republic of Ireland are more likely and older respondents in the Republic of Ireland are less likely, to be very satisfied with their health (see Figure 5.4.1).

Respondents in the Republic of Ireland are more likely than those in Northern Ireland to be very satisfied with their health (38% compared to 29%). This North-South difference is explained by different relationships between satisfaction with health and age that are observed in the two jurisdictions.

The percentage of respondents who are very satisfied with their health does not vary significantly with the size of the centre in which they live in (in the Republic of Ireland).

While the percentage of respondents who are very satisfied with their health appears to be smaller for those who have lived in the local area for a longer time, this is explained by the fact that they also tend to be older.

Single (never married) respondents are most likely to be very satisfied with their health, followed by those who are married/cohabitating. Separated/divorced respondents and widowed respondents are least likely.

5.4.2 Socio-economic Characteristics

The percentage of respondents who are very satisfied with their health increases with education, from 20% for those with no formal qualifications/primary qualifications to 43% for those with third level qualifications.

In neither jurisdiction does the percentage of respondents who are very satisfied with their health vary significantly with social class.

Employed respondents are most likely to be very satisfied with their health; those who are retired are least likely. Respondents who do not participate in paid work (unemployed and economically inactive) lie between these two extremes.

The likelihood of respondents being very satisfied with their health increases with income, from 23% for those earning $<£7,000$ pa to 47% for those earning $≥£26,000$ pa.

Respondents renting in the private sector are most likely to be very satisfied with their health; those renting in the public sector are least likely.

FIGURE 5.4.1
Percentage of respondents who are very satisfied with their health, by age

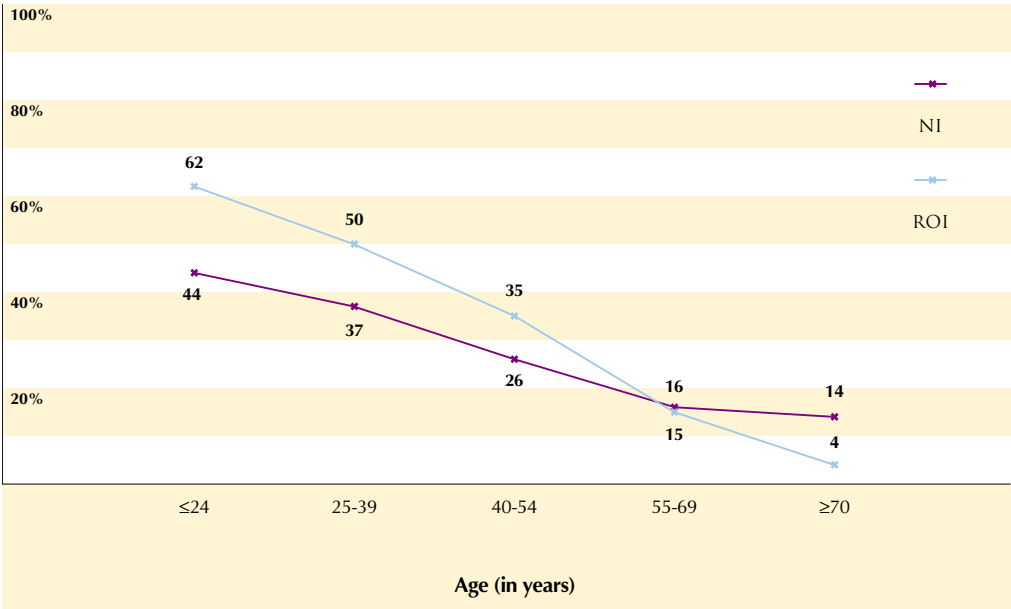
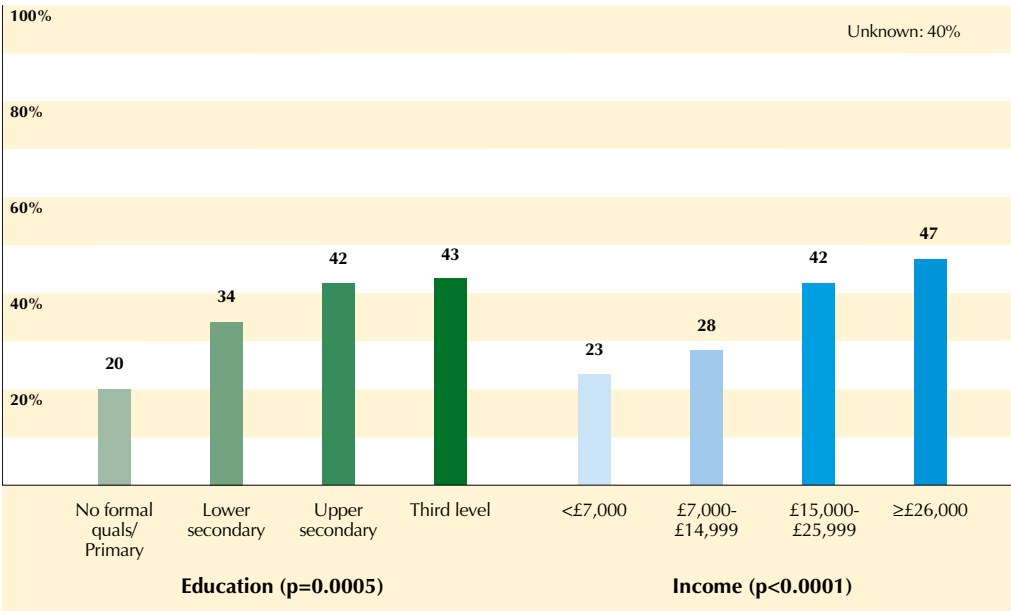


FIGURE 5.4.2
Percentage of respondents who are very satisfied with their health, by education and income



5.5 Quality of Life

A third of all respondents on the island (34%) said they have a very good quality of life.

5.5.1 Demographic Characteristics

There is no difference in the percentage of males and females who have a very good quality of life.

The percentage of respondents who have a very good quality of life falls dramatically with age. There is some evidence that the rates of fall in the two jurisdictions are different ($p=0.0346$). When compared to those in Northern Ireland, younger respondents in the Republic of Ireland appear to be more likely and older respondents appear to be less likely, to have a very good quality of life (see Figure 5.5.1).

Very good quality of life is more common in the Republic of Ireland than it is in Northern Ireland (37% compared to 26%). This North-South difference is explained by the different relationships between quality of life and age that are observed in the two jurisdictions.

The percentage of respondents who have a very good quality of life varies little with the size of the centre in which they live (in the Republic of Ireland).

After adjusting for differences in gender and age, the percentage of respondents who have a very good quality of life does not vary significantly with the length of time they have lived in the local area.

Single (never married) respondents are most likely to have a very good quality of life, followed by those who are married/cohabitating. Separated/divorced respondents and widowed respondents are least likely.

5.5.2 Socio-economic Characteristics

The percentage of respondents having a very good quality of life increases dramatically with education, from 16% for those with no formal qualifications/primary qualifications to 47% for those with third level qualifications.

While the percentage of respondents having a very good quality of life increases with social class in both jurisdictions, it is only marginally significant in the Republic of Ireland.

Employed respondents are most likely to have a very good quality of life; those who are retired are least likely. Respondents who do not participate in paid work (unemployed and economically inactive) lie between these two extremes.

The likelihood of having a very good quality of life increases dramatically with income.

Respondents renting in the private sector are most likely to have a very good quality of life; those renting in the public sector are least likely.

FIGURE 5.5.1
Percentage of respondents who have a very good quality of life, by age

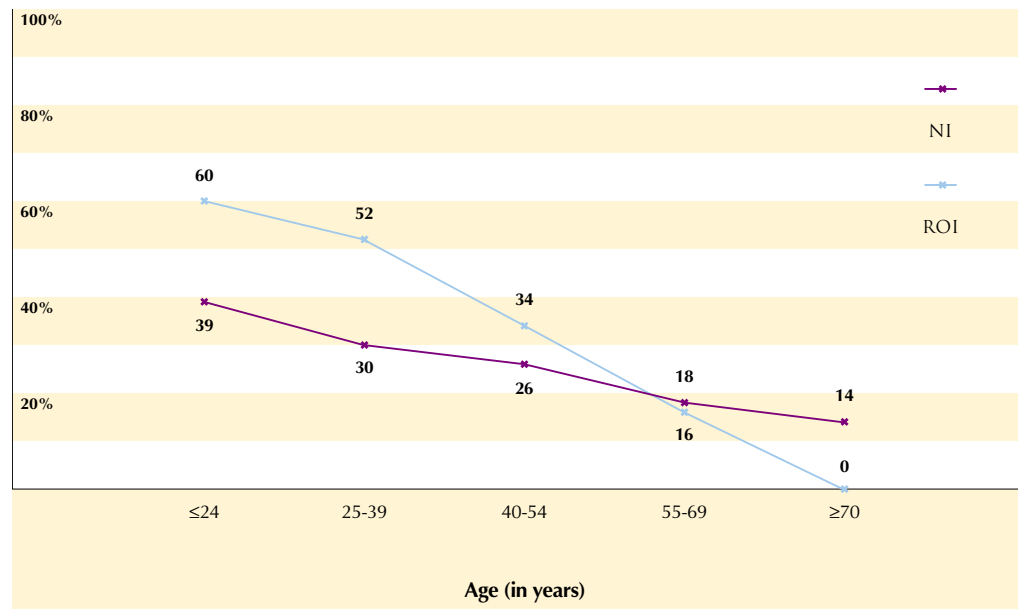
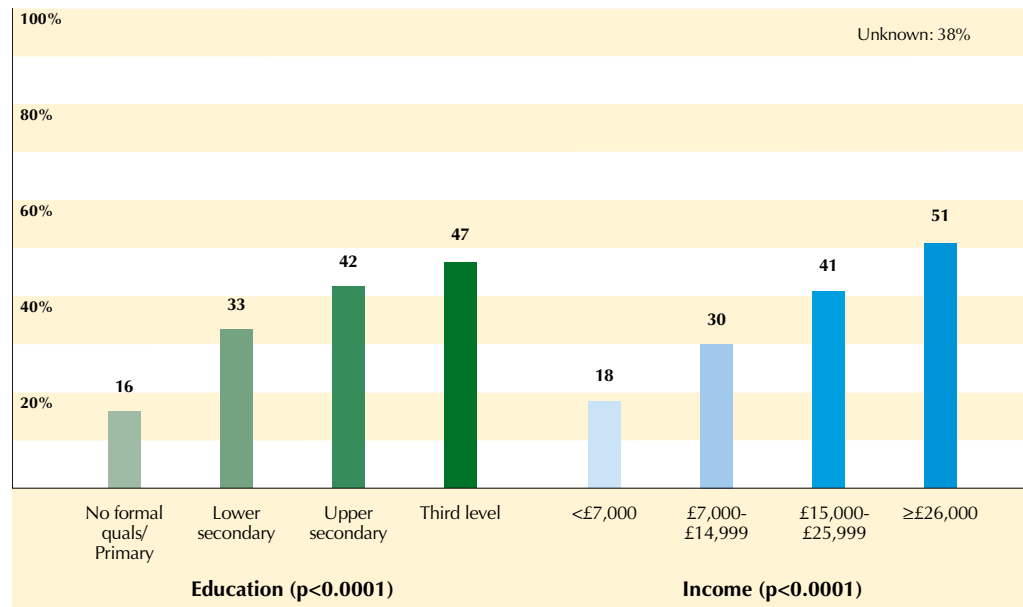


FIGURE 5.5.2
Percentage of respondents who have a very good quality of life, by education and income



5.6 Summary Tables

TABLE 5.6.1

Good health, by jurisdiction¹

	All-Ireland (n=2,000)	RoI (n=1,000)	NI (n=1,000)	Statistical significance ²
General health				
Excellent	24%	25%	22%	p=0.0004
Very good	35%	37%	31%	
Good	25%	25%	25%	
Fair	12%	11%	13%	
Poor	4%	2%	8%	
Any limiting long-term illness?				
Yes	13%	9%	23%	p<0.0001
No	74%	77%	68%	
No such illness	12%	13%	10%	
General mental health score				
Low	na	33%	35%	ns
Middle		31%	29%	
High		37%	36%	
Satisfaction with health				
Very satisfied	35%	38%	29%	p<0.0001
Satisfied	49%	50%	48%	
Neither dissatisfied or satisfied	7%	6%	9%	
Dissatisfied	6%	4%	9%	
Very dissatisfied	3%	2%	5%	
Quality of life				
Very good	34%	37%	26%	p<0.0001
Good	51%	50%	52%	
Neither	10%	8%	13%	
Poor	4%	3%	6%	
Very poor	2%	2%	2%	

ns: Not significant.

na: Not applicable.

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 5.6.2

Good health, by demographic and socio-economic characteristics^{1,2}

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
DEMOGRAPHIC CHARACTERISTICS					
Gender					
Males	62%	88%	40%	37%	35%
Females	57%	86%	33%	33%	33%
	p=0.0492	ns	p=0.0014	p=0.0312	ns
Age					
<40 years	79%	96%	40%	50%	48%
40-69 years	49%	84%	34%	25%	25%
≥70 years	15%	58%	32%	7%	5%
	p<0.0001	p<0.0001	p=0.006	p<0.0001	p<0.0001
Centre size (Rol)					
Small town	61%	90%	38%	39%	39%
Large town	64%	92%	58%	38%	36%
Other city	64%	91%	34%	36%	41%
Dublin city	65%	92%	30%	37%	35%
	ns	ns	p<0.0001	ns	p=0.0242
Length of residency in local area					
<5 years	70%	87%	32%	45%	39%
5-19 years	65%	90%	38%	39%	35%
≥20 years	54%	85%	37%	30%	32%
	ns	p=0.0089	p=0.0727	ns	p=0.0516
Marital status					
Single (never married)	72%	89%	37%	48%	46%
Separated/divorced	46%	82%	26%	26%	20%
Widowed	21%	63%	32%	11%	6%
Married/co-habiting	59%	90%	38%	31%	32%
	p=0.0003	p<0.0001	p=0.0144	p=0.0007	p<0.0001

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TABLE 5.6.2

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	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
SOCIO-ECONOMIC CHARACTERISTICS					
Education					
No formal qualifications/primary	35%	68%	36%	20%	16%
Lower secondary	57%	90%	33%	34%	33%
Upper secondary	72%	96%	37%	42%	42%
Third level	75%	92%	43%	43%	47%
	p<0.0001	p<0.0001	ns	p=0.0005	p<0.0001
Social class (RoI)					
Otherwise gainfully employed/unknown	63%	88%	42%	39%	33%
Semi-skilled, Unskilled					
Non-manual, Skilled manual	52%	90%	28%	35%	30%
Professional workers, Managerial and technical	64%	93%	39%	38%	39%
	67%	89%	38%	39%	41%
Social class (NI)	p=0.0045	ns	p=0.0319	ns	p=0.0293
Unassigned/unknown					
Partly skilled, Unskilled	44%	67%	28%	27%	22%
Skilled (non manual and manual)	50%	73%	35%	23%	20%
Professional, Managerial and technical	54%	81%	39%	32%	26%
	60%	82%	37%	31%	38%
	p=0.0405	p=0.0038	ns	p=0.0597	p<0.0001
Employment status					
Retired	20%	63%	32%	10%	7%
Economically inactive	59%	84%	30%	34%	31%
Unemployed	64%	90%	31%	34%	31%
Employed – full/part time	74%	97%	43%	45%	46%
	p<0.0001	p<0.0001	p=0.0001	p<0.0001	p<0.0001
Income					
Unknown	61%	88%	43%	40%	38%
<£7,000	40%	69%	28%	23%	18%
£7,000-£14,999	57%	89%	38%	28%	30%
£15,000-£25,999	68%	94%	33%	42%	41%
≥£26,000	82%	97%	42%	47%	51%
	p<0.0001	p<0.0001	p<0.0001	p<0.0001	p<0.0001
Housing tenure					
Renting – public sector	47%	74%	27%	26%	21%
Renting – private sector	76%	91%	37%	45%	42%
Owns/buying	60%	89%	38%	36%	36%
	p<0.0001	p<0.0001	p=0.0011	p=0.0006	p<0.0001

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values described as statistical significance of relationships, after adjusted for gender - age differences.

5.7 Comments

5.7.1 Demographic Characteristics

While the differences are not large, males tend to report good health more frequently than females.

For all measures of perceived health, the percentage of respondents with good health falls dramatically with age. The fall is least dramatic for general mental health.

For each indicator of good health except the general mental health score, good health is more common in Republic of Ireland than it is in Northern Ireland.

For general health, limiting long-term illness, satisfaction with health and quality of life, when compared to those in Northern Ireland, younger respondents in the Republic of Ireland are more likely and older respondents in the Republic of Ireland are less likely, to have good health.

Except for limiting long-term illness, these North-South differences in good health are explained by the different relationships between good health and age that are observed in the two jurisdictions.

Except for general mental health, the size of the centre a person lives in is not related to their perceived health.

Age differences complicate the interpretation of the relationships between perceived health and the length of residency in the local area.

Marital status is strongly related to perceived health. In all cases, single (never married) respondents and married/co-habituating respondents are most likely to have good health. Widowed respondents and separated/divorced respondents are least likely, perhaps reflecting their vulnerability.

The relationship between marital status and health often varies with age, even after all other study factors are considered (See Chapter 8).

5.7.2 Socio-economic Characteristics

Except for general mental health, the likelihood of good health increases dramatically with education level.

Generally speaking, the likelihood of good health increases with social class in both Northern Ireland and the Republic of Ireland. However, the increases are not always significant in both jurisdictions.

Employment status is strongly related to perceived health. Employed respondents are consistently most likely to have good health; retired respondents least likely. The poor health of retirees is not always explained by their age. Respondents not in the paid workforce are a vulnerable group.

For each of the five measures of perceived health, there is a strong income gradient in the likelihood of good health.

For each of the five measures of perceived health, there is a strong relationship between housing tenure and health.

In all cases, respondents who rent in the public sector are least likely to have good health. People who own or are buying a house are more likely to have good health.

Age may partially explain the health status for those renting in the private sector. Health, disability and disadvantage are often eligibility criterion for public housing. These confound the relationship between housing and health.

Chapter 6 | Social Capital Indicators and Health

This chapter describes the simple relationships between social capital indicators and good health. These descriptions are based on Tables 6.6.1, 6.6.2, 6.6.3 and 6.6.4 in Section 6.6.

6.1 General Health

The percentage of respondents who have excellent/very good general health does not vary significantly with their local problems score.

Respondents who have a low local services score are less likely than those who have higher scores to have excellent/very good general health.

Respondents who feel very unsafe in their local area are much less likely than those who feel otherwise to have excellent/very good general health.

The percentage of respondents who have excellent/very good general health does not vary significantly with either the number of neighbours they know or the frequency of contact with them. Nor does the percentage of respondents who have excellent/very good general health vary significantly with the frequency of contact they have with their relatives. However, respondents who have infrequent contact with their friends are less likely to have excellent/very good general health than respondents who have frequent contact (51% compared to 65%).

While the percentage of respondents who have excellent/very good general health appears to be lower for people who have no-one to ask for practical, financial or emotional support, this is explained by differences in gender and age.

While it appears that neighbourhood trust is not related to general health, after adjusting for differences in gender and age, the relationship becomes statistically significant.

The percentage of respondents who have excellent/very good general health does not depend significantly on whether or not they feel their neighbours look out for one another.

Respondents who feel they do not live in an efficacious neighbourhood are less likely than respondents who feel otherwise to have excellent/very good general health (53% compared to 61%).

Respondents who have not been actively involved in local organisations in the last three years are less likely than those who have been to have excellent/very good general health.

6.2 Limiting Long-term Illness

The percentage of respondents who are free of limiting long-term illness varies only marginally with either the local problems score or local services score.

Respondents who feel very unsafe in their local area are much less likely than those who feel otherwise to be free of limiting long-term illness.

The percentage of respondents who are free of limiting long-term illness does not vary significantly with either the number of neighbours they know or the frequency of contact with them. The percentage of respondents who are free of limiting long-term illness does not vary significantly with the frequency of contact they have with their friends. However, respondents who have infrequent contact with their relatives are more likely to be free of limiting long-term illness than respondents who have frequent contact (89% compared to 84%).

The likelihood of being free of limiting long-term illness increases with the number of people respondents can ask for a lift or ask to borrow £100. The percentage of respondents who are free of limiting long-term illness does not vary significantly with the number of people they can ask for help if they were ill or for support and comfort in a personal crisis.

The percentage of respondents who are free of limiting long-term illness does not depend significantly on whether or not they trust most of their neighbours. Nor does the percentage of

respondents who are free of limiting long-term illness depend significantly on whether or not they feel their neighbours look out for one another, whether or not they feel they live in an efficacious neighbourhood, and whether or not the respondent has been actively involved in local organisations in the last three years.

6.3 General Mental Health

The likelihood of having a high general mental health score decreases as the respondent's local problems score increases.

Respondents who do not have a high local services score are less likely than those who have a high score to have a high general mental health score.

Respondents who feel very unsafe in their local area are much less likely to have a high general mental health score than those who feel otherwise.

Respondents who do not know most of their neighbours are less likely to have a high general mental health score than those who do (29% compared to 43%).

Respondents who have infrequent contact with their neighbours are less likely to have a high general mental health score than respondents who have frequent contact. The same is also true for contact with relatives and friends.

For both types of practical support (a lift and help when ill) and financial support (borrowing £100), the likelihood of having a high general mental health score increases with the number of people who can be asked for help. The percentage of respondents who have a high general mental health score only varies marginally with the number of people they can ask for support and comfort in a personal crisis ($p=0.0234$).

Respondents who do not trust most of their neighbours are less likely to have a high general mental health score than respondents who do (28% compared to 45%).

Respondents who feel that neighbours in their local area do not look out for one another are less likely to have a high general mental health score than respondents who feel otherwise.

Respondents who feel they do not they live in an efficacious neighbourhood are less likely to have a high general mental health score than respondents who feel otherwise (30% compared to 38%).

Respondents who have not been actively involved in local organisations in the last three years are less likely to have a high general mental health score than respondents who have been (35% compared to 43%).

6.4 Satisfaction with Health

Respondents who have a high local problems score are less likely than those who do not, to be very satisfied with their health.

Respondents who do not have a high local services score are less likely than those who do to be very satisfied with their health.

While respondents who feel very unsafe in their local area appear less likely to be very satisfied with their health than those who feel otherwise, this is explained by the fact that they also tend to be older.

The percentage of respondents who are very satisfied with their health does not vary significantly with either the number of neighbours they know or the frequency of contact with them. Nor does it vary significantly with the frequency of contact they have with their relatives and friends.

The percentage of respondents who are very satisfied with their health does not vary significantly with the number of people who can be asked for practical, financial or emotional support.

The percentage of respondents who are very satisfied with their health does not depend significantly on whether or not the respondent trusts most of their neighbours, whether or not they feel their neighbours look out for one another, and whether or not they feel they live in an efficacious neighbourhood.

The percentage of respondents who are very satisfied with their health varies significantly with their involvement in local organisations in the last three years.

6.5 Quality of Life

Respondents who have a high local problems score are less likely than those who do not, to have a very good quality of life.

The likelihood of having a very good quality of life increases with the respondent's local services score.

The percentage of respondents who have a very good quality of life does not vary significantly with their feelings of personal safety in their local area.

The percentage of respondents who have a very good quality of life does not vary significantly with either the number of neighbours they know or the frequency of their contact with them. Nor does it vary significantly with the frequency of contact with their relatives or friends.

Respondents who can ask three or more people for practical support (a lift or help when ill) are more likely to have a very good quality of life than those who cannot. While it also appears to be true for financial support (borrowing £100) and for emotional support after adjustment of gender and age differences these relationships are only marginally significant.

The percentage of respondents who have a very good quality of life does not depend significantly on whether or not they trust most of their neighbours, and whether or not they feel their neighbours look out for one another.

Respondents who feel they do not they live in an efficacious neighbourhood are less likely to have a very good quality of life than those who feel otherwise (28% compared to 35%).

Respondents who have been active in local organisations in the last three years are more likely than those who have not, to have a very good quality of life.

6.6 Summary Tables

TABLE 6.6.1

Good health, by views about the local area^{1,2}

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
Local problems score					
High	58%	85%	26%	28%	30%
Middle	62%	89%	35%	38%	37%
Low	60%	87%	48%	39%	36%
	ns	p=0.0462	p<0.0001	p<0.0001	p=0.0036
Local services score					
Low	56%	86%	30%	34%	30%
Middle	62%	87%	33%	32%	34%
High	60%	87%	45%	39%	38%
	p=0.0002	p=0.0584	p<0.0001	p=0.0006	p<0.0001
How safe do you feel walking alone in this area after dark?					
Very unsafe/don't go out alone after dark	40%	70%	26%	24%	22%
A bit unsafe	60%	86%	31%	35%	35%
Very/fairly safe	64%	91%	40%	38%	36%
	p=0.0043	p<0.0001	p=0.0003	ns	ns

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

TABLE 6.6.2

Good health, by social contacts^{1, 2}

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
Know most neighbours?					
No	61%	87%	29%	37%	34%
Yes	58%	86%	43%	33%	33%
	ns	ns	p<0.0001	ns	ns
Contact with neighbours					
Infrequent	60%	88%	30%	39%	39%
Frequent	59%	86%	41%	33%	31%
	ns	ns	p<0.0001	ns	p=0.0275
Contact with relatives					
Infrequent	61%	89%	34%	36%	34%
Frequent	57%	84%	39%	34%	33%
	ns	p=0.0073	p=0.0019	ns	ns
Contact with friends					
Infrequent	51%	84%	32%	30%	32%
Frequent	65%	88%	40%	38%	35%
	p<0.0001	ns	p=0.0011	ns	ns

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

TABLE 6.6.3

Good health, by social support networks^{1, 2}

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
Number of people could ask – lift					
0	51%	83%	22%	33%	30%
1-2	59%	85%	32%	33%	30%
≥3	60%	90%	45%	38%	40%
	p=0.0624	p=0.0022	p<0.0001	p=0.0720	p<0.0001
Number of people could ask – if ill					
0	50%	88%	20%	31%	32%
1-2	60%	85%	35%	34%	31%
≥3	59%	89%	42%	36%	39%
	p=0.0933	p=0.0355	p<0.0001	ns	p=0.0014
Number of people could ask – borrow £100					
0	48%	78%	19%	28%	29%
1-2	61%	87%	37%	36%	33%
≥3	58%	90%	41%	34%	38%
	p=0.0167	p=0.0041	p<0.0001	ns	p=0.0459
Number of people could ask – personal crisis					
0	49%	80%	48%	24%	23%
1-2	57%	84%	31%	32%	28%
≥3	60%	88%	38%	36%	36%
	ns	ns	p=0.0234	ns	p=0.0209

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

TABLE 6.6.4

Good health, by perceived neighbourhood social norms and civic engagement^{1, 2}

Social capital related characteristic	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
Trust most of your neighbours?					
No	59%	87%	28%	36%	35%
Yes	59%	87%	45%	33%	33%
	p=0.0024	p=0.0449	p<0.0001	ns	ns
Do neighbours look out for one another?					
No	62%	88%	28%	38%	37%
Yes	58%	86%	39%	34%	33%
	ns	ns	p<0.0001	ns	ns
Live in efficacious neighbourhood?					
No	53%	84%	30%	36%	28%
Yes	61%	87%	38%	35%	35%
	p=0.0002	p=0.0381	p=0.0017	ns	p=0.0060
Involved in local organisations in last three years?					
No	57%	86%	35%	32%	32%
Yes, passively	63%	88%	40%	49%	30%
Yes, actively	67%	90%	43%	42%	41%
	p=0.0004	ns	p=0.0050	p<0.0001	p=0.0004

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

6.7 Comments

People with more negative views about the problems and services in their local area experience significantly poorer health, at both the physical and psychological/emotional level.

Feelings about personal safety in the local area also have a significant effect, although in this case interpretation in terms of cause and effect is particularly complicated.

A strong feature of the results about social contact is the very positive effect that social contact, of any type, has on general mental health.

Contact with neighbours is significantly related to general mental health.

Contact with relatives is significantly related to general mental health and limiting long-term illness.

Contact with friends is significantly related to general mental health and general health.

Social contact, of any type, is not significantly related to either satisfaction with health or quality of life.

The results highlight the different roles that contact with neighbours, relatives and friends may play. For example, except for general mental health, good health is more common (although not significantly) among respondents who have infrequent contact with their neighbours and relatives. On the other hand good health is less common (sometimes significantly so) among those who have infrequent contact with their friends.

There are several possible explanations, some social contact may be related to receiving care for an existing health problem: if people with existing health problems turn to relatives and neighbours rather than friends, this would confound the relationships between social contact and health. Interpretation of the effect of social contact on health is also complicated by uncertainties about the context in which the contact occurs. Contextual details about the

reasons for, the quality of, and consequences of social contact are needed if these relationships are to be better understood.

Another strong feature of the results is the consistently positive effect that practical and financial support networks have on all indicators of good health.

This may reflect the way that practical and financial support can influence health not just through direct care-giving but also by bestowing psychological/emotional benefits.

The effects of emotional support networks on perceived health are not as strong. This may be due in part to the fact that the actual question about emotional support is quite different from the questions about other types of support and the responses are unlikely to be directly comparable.

Perceived neighbourhood norms – whether or not respondents trust most of their neighbours, feel their neighbours look out for one another, and whether or not they feel they live in an efficacious neighbourhood - also have significant positive effects on health. This is particularly true when considering general mental health.

Being actively involved in local organisations is strongly associated with health, although it is difficult to work out which is the cause and which is the effect.

Chapter 7 | Lifestyle Behaviours and Health

This chapter describes the simple relationships between lifestyle behaviours and good health. These descriptions are based on Table 7.6.1 in Section 7.6.

7.1 General Health

Ex-smokers and regular/occasional smokers are less likely than non-smokers to have excellent/very good general health.

Somewhat surprisingly, respondents who do not usually drink are least likely to have excellent/very good general health.

Respondents who usually drink, but not excessively, are most likely to have excellent/very good general health.

Respondents who do no adequate exercise are less likely than those who do some, to have excellent/very good general health (52% compared to 67%).

The likelihood of having excellent/very good general health decreases as body mass index increases, from 66% for those who are not overweight to 45% for those who are obese.

7.2 Limiting Long-term Illness

Non-smokers are most likely to be free of limiting long-term illness; ex-smokers are least likely.

Again, somewhat surprisingly, respondents who do not usually drink are least likely to be free of limiting long-term illness (80%).

Respondents who usually drink, but not excessively, and those who drink excessively, are most likely to be free of limiting long-term illness (93%).

Respondents who do no adequate exercise are less likely than those who do some, to be free of limiting long-term illness (82% compared to 91%).

The likelihood of being free of limiting long-term illness decreases as body mass index

increases from 90% for those who are not overweight to 75% to those who are obese.

7.3 General Mental Health

Non-smokers are most likely to have a high general mental health score; regular/occasional smokers are least likely.

Respondents who drink excessively are least likely to have a high general mental health score (20%). Respondents who drink usually, but not excessively, are most likely (42%).

Respondents who do no adequate exercise are less likely than those who do some, to have a high general mental health score (32% compared to 41%).

The likelihood of having a high general mental health score is least for those who are obese (26%) and greatest for those who are overweight (41%). Interestingly, respondents who are not overweight lie between these extremes.

7.4 Satisfaction with Health

Non-smokers are most likely to be very satisfied with their health; ex-smokers are least likely.

Somewhat surprisingly, respondents who do not usually drink are least likely to be very satisfied with their health (28%).

Respondents who usually drink, but not excessively, are most likely to be very satisfied with their health (43%).

Respondents who do no adequate exercise are less likely than those who do some, to be very satisfied with their health (28% compared to 42%).

The likelihood of being very satisfied with health decreases as body mass index increases, from 38% for those who are not overweight to 25% for those whose are obese.

7.5 Quality of Life

Non-smokers are most likely to have a very good quality of life; regular/occasional smokers are least likely.

Somewhat surprisingly, respondents who do not usually drink are least likely to have a very good quality of life (27%).

Respondents who drink excessively are most likely to have a very good quality of life (45%).

Respondents who do no adequate exercise are less likely than those who do some, to have a very good quality of life (25% compared to 42%).

The percentage of respondents who have a very good quality of life appears to decrease with body mass index. This is only marginally significant after differences in gender and age are taken into account.

7.6 Summary Table

TABLE 7.6.1

Good health, by lifestyle behaviours^{1, 2}

	Excellent/very good general health	Free of limiting long-term illness	High general mental health score	Very satisfied with their health	Very good quality of life
Smoking status					
Regular/occasional smoker	55%	85%	31%	32%	30%
Ex-smoker	53%	81%	36%	27%	32%
Non smoker	63%	89%	39%	38%	36%
	p<0.0001	p<0.0001	p=0.0017	p=0.0002	p=0.0025
Drinking level					
Excessive drinker	65%	93%	20%	37%	45%
Non-excessive drinker	71%	93%	42%	43%	40%
Not usual drinker	49%	80%	34%	28%	27%
	p<0.0001	p<0.0001	p<0.0001	p=0.0077	p=0.0053
Exercise level					
No adequate exercise	52%	82%	32%	28%	25%
Some adequate exercise	67%	91%	41%	42%	42%
	p<0.0001	p<0.0001	p=0.0004	p<0.0001	p<0.0001
Body mass index					
Obese	45%	75%	26%	23%	25%
Overweight	51%	84%	41%	28%	28%
Not overweight	66%	90%	36%	40%	38%
	p<0.0001	p<0.0001	p=0.0021	p=0.0007	p=0.0516

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

7.7 Comments

The lifestyle behaviours included in this report all have a significant influence on health.

For all measures of perceived health, non-smokers are most likely to have good health.

Except for quality of life, non-excessive drinkers are most likely to report good health. Except for general mental health, respondents who do not usually drink (and not those who are excessive drinkers) are least likely to have good health.

These somewhat surprising results for excessive drinking level are partially explained by other study factors. In the three final logistic regression models that include drinking level, non-excessive drinkers are (significantly) most likely to have good health. In two of these models excessive drinkers are no more likely to have good health than respondents who do not usually drink. In the third model (general mental health) they are significantly less likely to have good health (see Chapter 8).

The use of perceived health measures, possible mis-reporting of drinking behaviour and the role of alcohol in Irish social life may also explain some of the results.

Respondents who do some adequate exercise are most likely to report good health.

Except for general mental health, respondents who are not overweight are most likely to have good health.

PART 2 - COMPLEX RELATIONSHIPS BETWEEN STUDY FACTORS AND HEALTH

Chapter 8 | Logistic Regression Models

Chapter 5 looked at the simple relationships between demographic and socio-economic characteristics, and good health. Chapter 6 looked at social capital indicators; Chapter 7 lifestyle behaviours.

The relationships are 'simple' in the sense that study factors are considered one at a time and their relationship to good health is only adjusted for differences in gender and age. Significant simple relationships are those that are not explained by gender and age.

This chapter describes the complex relationships between demographic and socio-economic characteristics, social capital indicators and lifestyle behaviours on the one hand and good health on the other. Study factors are considered simultaneously and significant complex relationships are those that are not explained by any other study factors.

Logistic regression models are used to describe good health in terms of demographic and socio-economic characteristics, social capital indicators and good health. The strategy used to develop these models is described in Section 4.3.

8.1 General Health

The simple relationships between general health and the study factors, summarised in Sections 5.1, 6.1 and 7.1 were used to identify the candidate predictors for the variable selection procedure.

The procedure was based on the 1,700 questionnaires that had valid observations for all these candidate predictor variables.

Age entered the model first, identifying it as the most powerful predictor of general health.

It was followed by socio-economic characteristics (employment status and education) and lifestyle behaviours (drinking level and smoking status). Contact with friends entered the model next; then exercise level followed by other social capital

indicators (local services score and neighbourhood trust). Allowing the effect of smoking status to vary with age was the next most powerful predictor, followed finally by body mass index.

Social capital indicators entered the model in the latter half of the procedure, indicating that while they had significant independent effects on general health they were not the most powerful predictors.

The model was then refitted using the 1,820 questionnaires that had valid observations for the variables that were included in the model.

The terms that were included in the final model equation, the associated odds ratios of excellent/very good general health (compared to the base category) and p-values testing their statistical significance are given in Table 8.1.1.

Because the effect of smoking status varies with age, the effect of age also depends on smoking status.

For non-smokers, the odds of having excellent/very good general health decrease with age until the odds for those aged 70 years or more are only one tenth the odds for those aged less than 40 years (odds ratio = 0.11, $p < 0.0001$). This is, as with all results presented in this chapter, after the effects of all other study factor have been taken into account.

The odds of having excellent/very good general health decrease dramatically as education level decreases.

Taking the odds for respondents who have third level education to be 1.00, the odds decrease to 0.60 for respondents who have lower secondary education ($p = 0.0106$) and to 0.49 for respondents who have no formal qualification/primary education ($p = 0.0005$).

Employment status also has an independent relationship with general health.

TABLE 8.1.1

Logistic regression model – excellent/very good general health^{1,2}

	Odds ratio	Statistical significance ³
DEMOGRAPHIC CHARACTERISTICS		
Age (for those who have never smoked)		
≥70 years	0.11	p<0.0001
40-69 years	0.34	p<0.0001
<40 years	1.00	base
SOCIO-ECONOMIC CHARACTERISTICS		
Education		
No formal qualifications/Primary	0.49	p=0.0005
Lower secondary	0.60	p=0.0106
Upper secondary	0.95	ns
Third level	1.00	base
Employment status		
Retired	0.31	p<0.0001
Economically inactive	0.55	p<0.0001
Unemployed	0.91	ns
Employed – full time/part time	1.00	base
SOCIAL CAPITAL INDICATORS		
Local services score		
Low	0.71	p=0.0164
Middle	1.04	ns
High	1.00	base
Contact with friends		
Infrequent	0.69	p=0.0012
Frequent	1.00	base
Trust most neighbours?		
No	0.76	p=0.0189
Yes	1.00	base

	Odds ratio	Statistical significance ³
LIFESTYLE BEHAVIOURS		
Smoking status (for each age group)		
≥70 years		
Regular/occasional smoker	0.46	ns
Ex-smoker	2.28	p=0.0710
Never smoked	1.00	base
40-69 years		
Regular/occasional smoker	0.51	p=0.0004
Ex-smoker	0.68	p=0.0805
Never smoked	1.00	base
<40 years		
Regular/occasional smoker	0.69	p=0.0649
Ex-smoker	0.41	p=0.0008
Never smoked	1.00	base
Drinking level		
Excessive usual drinker	1.14	ns
Non-excessive usual drinker	1.75	p<0.0001
Not a usual drinker	1.00	base
Exercise level		
No adequate exercise	0.70	p=0.0021
Some adequate exercise	1.00	base
Body mass index		
Obese	0.67	p=0.0360
Overweight	0.77	p=0.0381
Not overweight	1.00	base

ns: Not significant.

1. See explanatory notes in Chapter 4 and Appendix 1.

2. An employment status – age interaction entered the model in Step 8 but was removed in Step 13.

3. P-value for statistical significance of odds ratio (relative to base category).

Compared to those who are in employment, the retired and the economically inactive have significantly lower odds of having excellent/very good general health. While the odds are also lower for those who are unemployed, this difference is not statistically significant. Respondents who have a low local services score are significantly less likely than those who have a high local services score to have excellent/very good general health (odds ratio = 0.71, $p = 0.0164$).

Similarly, respondents who have infrequent contact with friends are less likely than those who have frequent contact to have excellent/very good general health (odds ratio = 0.69, $p = 0.0012$).

Respondents who do not trust most of their neighbours are less likely than those who do to have excellent/very good general health (odds ratio = 0.76, $p = 0.0189$).

The effect of smoking varies with age. For those aged under 40 years, the odds of excellent/very good general health for smokers are just over two thirds the odds for non-smokers (odds ratio = 0.69, $p = 0.0649$). For those aged 40-69 years, the odds for smokers are only half the odds for non-smokers (odds ratio = 0.51, $p = 0.0004$). For those aged 70 years or more the odds for smokers are less than half the odds for non-smokers (odds ratio = 0.46, not significant).

After adjusting for all other study factors, those who usually drink, but not excessively, are significantly more likely to have excellent/very good general health than those who do not usually drink (odds ratio = 1.75, $p < 0.0001$).

There is no significant difference between those who drink excessively and those who do not usually drink.

Finally, exercise level and body mass index each have significant independent relationships with general health.

The odds of having excellent/very good general health are smaller for those who do no adequate exercise, than for those who do some adequate exercise (odds ratio = 0.70, $p = 0.0021$).

Those who are either overweight or obese also have lower odds of having excellent/very good general health than those who are not overweight.

8.1.1 Comments

For some of the variables in the final model (particularly employment status and smoking status), relatively small sample sizes make interpretation difficult.

While the anticipated harmful effects of excessive drinking were not observed in the final logistic regression model, the other study factors explain some of the surprising results described in Chapter 7.

8.2 Limiting Long-term Illness

The simple relationships between limiting long-term illness and the study factors, summarised in Sections 5.2, 6.2 and 7.2 were used to identify the candidate predictors for the variable selection procedure.

The procedure was based on the 1,827 questionnaires that had valid observations for all these candidate predictor variables.

Socio-economic characteristics (employment status and education) entered the model first, identifying them as the most powerful predictors of limiting long-term illness.

They were followed by personal safety in the local area, age and jurisdiction. Marital status entered next followed by exercise level. Allowing the effect of marital status to vary with age was the next most powerful predictor, followed by lifestyle behaviours (body mass index, smoking status and drinking level). Allowing the effect of education to vary with age was the last variable to enter the model.

While only one social capital indicator (personal safety in the local area) was in the final model it entered fairly early in the procedure.

Demographic and socio-economic characteristics and lifestyle behaviours were the more important predictors of limiting long-term illness.

The model was then refitted using the 1,855 questionnaires that had valid observations for the variables that were included in the model.

The terms that were included in the final model equation, the associated odds ratios of being free of limiting long-term illness (compared to the base category) and p-values testing their statistical significance are given in Table 8.2.1.

Because the effects of marital status and education vary with age, the effect of age also depends on these variables.

For those who are married/co-habiting and have third level education, the odds of being free of limiting long-term illness decrease with age.

After adjusting for all other study factors, respondents in the Republic of Ireland are more than twice as likely as respondents in Northern Ireland to be free of limiting long-term illness (odds ratio = 2.32, $p < 0.0001$).

Marital status has an independent relationship with limiting long-term illness that varies with age.

In the two older age groups, compared to those who are married/co-habiting, other respondents generally have smaller odds of being free of limiting long-term illness. These odds are significantly lower for those who are single (never married).

For those aged under 40 years, compared to those who are married/co-habiting, the odds of being free of limiting long-term illness are (non-significantly) higher for those who are single (never married) and those who are divorced/separated.

Education also has an independent relationship with limiting long-term illness that varies with age.

Interpretation of this relationship in the oldest age group is complicated because of small sample sizes.

For those aged 40-69 years, compared to those with third level education, the odds of being free of limiting long-term illness are significantly lower for respondents who have no formal qualifications/ primary education.

In the youngest age group (aged less than 40 years) the odds of being free of limiting long-term illness do not vary significantly with education.

Employment status also has a relationship with limiting long-term illness that is not explained by the other study factors.

Compared to those who are in employment, all other respondents have significantly lower odds of being free of limiting long-term illness.

Compared to those who feel very safe/fairly safe in their local area, respondents who feel very

TABLE 8.2.1

Logistic regression model – free of limiting long-term illness¹

	Odds ratio	Statistical significance ²
DEMOGRAPHIC CHARACTERISTICS		
Age (for those who are married/co-habiting and have third level qualifications)		
≥70 years	0.02	p=0.0005
40-69 years	1.21	ns
<40 years	1.00	base
Jurisdiction		
RoI	2.32	p<0.0001
NI	1.00	base
Marital status (for each age group)		
≥70 years		
Single (never married)	0.43	p=0.0911
Separated/divorced	0.90	ns
Widowed	0.72	ns
Married/co-habiting	1.00	base
40-69 years		
Single (never married)	0.19	p<0.0001
Separated/divorced	0.52	ns
Widowed	0.97	ns
Married/co-habiting	1.00	base
<40 years		
Single (never married)	1.30	ns
Separated/divorced	1.95	ns
Widowed	0.23	ns
Married/co-habiting	1.00	base
SOCIO-ECONOMIC CHARACTERISTICS		
Education (for each age group)		
≥70 years		
No formal qualifications/Primary	13.61	p=0.0038
Lower secondary	27.64	p=0.0007
Upper secondary	92.84	p=0.0002
Third level	1.00	base
40-69 years		
No formal qualifications/Primary	0.35	p=0.0272
Lower secondary	1.41	ns
Upper secondary	0.93	ns
Third level	1.00	base
<40 years		
No formal qualifications/Primary	0.66	ns
Lower secondary	1.22	ns
Upper secondary	2.19	ns
Third level	1.00	base

	Odds ratio	Statistical significance ²
SOCIO-ECONOMIC CHARACTERISTICS (CONTINUED)		
Employment status		
Retired	0.23	p<0.0001
Economically inactive	0.17	p<0.0001
Unemployed	0.43	p=0.0406
Employed – full time/part time	1.00	base
SOCIAL CAPITAL INDICATORS		
Personal safety		
Very unsafe/never go out alone	0.44	p<0.0001
A bit unsafe	0.50	p=0.0050
Very safe/fairly safe	1.00	base
LIFESTYLE BEHAVIOURS		
Smoking status		
Regular/occasional smoker	0.56	p=0.0051
Ex-smoker	0.45	p=0.0010
Never-smoker	1.00	base
Drinking level		
Excessive usual drinker	1.41	ns
Non-excessive usual drinker	2.34	p<0.0001
Not a usual drinker	1.00	base
Exercise level		
No adequate exercise	0.54	p=0.0010
Some adequate exercise	1.00	base
Body mass index		
Obese	0.45	p=0.0020
Overweight	0.77	ns
Not overweight	1.00	base

ns: Not significant.

1. See explanatory notes in Chapter 4 and Appendix 1.

2. P-value for statistical significance of odds ratio (relative to base category).

unsafe (or even a bit unsafe) are significantly less likely to be free of limiting long-term illness (odds ratio = 0.44, $p < 0.0001$ and odds ratio = 0.50, $p = 0.0050$ respectively).

Current smokers and ex-smokers are both less likely than non-smokers to be free of limiting long-term illness (odds ratio = 0.56, $p = 0.0051$ and odds ratio = 0.45, $p = 0.0010$ respectively).

Those who usually drink, but not excessively, are significantly more likely than those who do not usually drink to be free of limiting long-term illness (odds ratio = 2.34, $p < 0.0001$).

There is no significant difference between those who drink excessively and those who do not usually drink.

Finally, exercise level and body mass index each have significant relationships with limiting long-term illness that are not explained by other study factors.

Respondents who do no adequate exercise are only half as likely as those who do some adequate exercise to be free of limiting long-term illness (odds ratio = 0.54, $p = 0.0010$).

Those who are obese also have significantly lower odds of being free of limiting long-term illness than those who are not overweight (odds ratio = 0.45, $p = 0.0020$).

8.2.1 Comments

For some of the variables in the final model (particularly marital status and education), sample sizes are relatively small and make interpretation difficult.

While the anticipated harmful effects of excessive drinking were not observed in the final logistic regression model, the other study factors explain some of the surprising results described in Chapter 7.

Limiting long-term illness is the only measure of perceived health for which North-South differences are not explained by the other study factors.

8.3 General Mental Health

The simple relationships between general mental health and the study factors, summarised Sections 5.3, 6.3 and 7.3 were used to identify the candidate predictors for the variable selection procedure.

The procedure was then based on the 1,748 questionnaires that had valid observations for these candidate predictor variables.

Social capital indicators (neighbourhood trust and local problems score) entered the model first, identifying them as the most powerful predictors of general mental health.

They were followed by employment status and the local services score. Lifestyle behaviours (exercise level and drinking level) entered next, followed by practical support networks (number of people who could be called on to ask for a lift), age, income, social contact with friends, and financial support networks (the number of people who could be called on to borrow £100). Body mass index was the last variable to enter the model.

Social capital indicators were the most powerful predictors of general mental health: five indicators were included in the final model.

Socio-economic and lifestyle behaviours were the other important predictors.

The model was then refitted using the 1,899 questionnaires that had valid observations for the variables that were included in the model.

The terms that were included in the final model equation, the associated odds ratios of having a high general mental health score (compared to the base category) and p-values testing their statistical significance are given in Table 8.3.1.

Compared to those aged less than 40 years, the odds of having a high general mental health score are lower in the two older age groups. The difference is statistically significant for those aged 40-69 years (odds ratio = 0.63, $p = 0.0001$).

Employment status has a significant independent relationship with general mental health.

Compared to those who are in employment, all other respondents, particularly those who are economically inactive have lower odds of having a high general mental health score (odds ratio = 0.57, $p < 0.0001$).

The odds of having a high general mental health score decrease as the local problems score increases.

Taking the odds to be 1.00 for those with a low local problems score, the odds decrease to 0.60 for those with a middle local problems score and less than a half (odds ratio = 0.45, $p < 0.0001$) for those who have a high local problems score.

The odds of having a high general mental health score increase as the local services scores increases.

Taking the odds to be 1.00 for those with a high local services score, the odds decrease to 0.60 for those with a middle local services score and a half (odds ratio = 0.52, $p < 0.0001$) for those who have a low local services score.

Respondents who have infrequent contact with their friends are a quarter less likely than those who have frequent contact with friends to have a high general mental health score (odds ratio = 0.76, $p = 0.0107$).

After adjusting for all other study factors, having limited practical support networks (asking for a lift) and limited financial support networks (borrowing £100) have significant independent effects on general mental health.

Neighbourhood trust also has a significant independent relationship with general mental health.

Respondents who do not trust most of their neighbours are just over a half as likely as those who do trust most of their neighbours to have a high general mental health score (odds ratio = 0.58, $p < 0.0001$).

TABLE 8.3.1

Logistic regression model – high general mental health score¹

	Odds ratio	Statistical significance ²
DEMOGRAPHIC CHARACTERISTICS		
Age		
≥70 years	0.82	ns
40-69 years	0.63	p=0.0001
<40 years	1.00	base
SOCIO-ECONOMIC CHARACTERISTICS		
Employment status		
Retired	0.65	p=0.0392
Economically inactive	0.57	p<0.0001
Unemployed	0.66	p=0.0685
Employed – full time/part time	1.00	base
Income		
Unknown	1.27	ns
<£7,000	0.81	ns
£7,000-£14,999	0.85	ns
£15,000-£25,999	0.71	ns
≥£26,000	1.00	base
SOCIAL CAPITAL INDICATORS		
Local problem score		
High	0.45	p<0.0001
Middle	0.60	p<0.0001
Low	1.00	base
Local services score		
Low	0.52	p<0.0001
Middle	0.71	p=0.0072
High	1.00	base
Contact with friends		
Infrequent	0.76	p=0.0107
Frequent	1.00	base
Number of people could ask – lift		
0	0.51	p=0.0432
1-2	0.64	p=0.0006
3+	1.00	base
Number of people could ask – borrow £100		
0	0.64	ns
1-2	1.17	ns
≥3	1.00	base

	Odds ratio	Statistical significance ²
SOCIAL CAPITAL INDICATORS (CONTINUED)		
Trust most neighbours?		
No	0.58	p<0.0001
Yes	1.00	base
LIFESTYLE BEHAVIOUR		
Drinking level		
Excessive usual drinker	0.52	p=0.0040
Non-excessive usual drinker	1.26	p=0.0447
Not a usual drinker	1.00	base
Exercise level		
No adequate exercise	0.70	p=0.0007
Some adequate exercise	1.00	base
Body mass index		
Obese	0.85	ns
Overweight	1.37	p=0.0074
Not overweight	1.00	base

ns: Not significant.

1. See explanatory notes in Chapter 4 and Appendix 1.
2. P-value for statistical significance of odds ratio (relative to base category).

Respondents who usually drink, but not excessively, are more likely than those who do not usually drink to have a high general mental health score (odds ratio = 1.26, $p < 0.0447$).

Respondents who drink excessively are half as likely as those who do not usually drink to have a high general mental health score (odds ratio = 0.52, $p = 0.00040$).

Finally, exercise level and body mass index each have significant relationships with general mental health not explained by the other study factors.

Compared to those do some adequate exercise, the odds of having a high general mental health score are significantly lower for respondents who do no adequate exercise (odds ratio = 0.70, $p = 0.0007$).

Compared to those who are not overweight, respondents who are overweight (but not obese) are significantly more likely to have a high general mental health score (odds ratio = 1.37, $p = 0.0074$).

8.4 Satisfaction with Health

The simple relationships between satisfaction with health and the study factors, summarised in Sections 5.4., 6.4. and 7.4, were used to identify the candidate predictors for the variable selection procedure.

The procedure was based on the 1,803 questionnaires that had valid observations for these candidate predictor variables.

Age entered the model first, identifying it as the most powerful predictor of satisfaction with health.

It was followed by the local problems score, employment status, and exercise level. Next came income and marital status followed by civic engagement and body mass index. Allowing the effect of marital status to vary with age explained the next largest amount of variation. The local services score was the last study factor to enter the model.

Social capital indicators play an important role in satisfaction with health: three social capital indicators were included in the final model.

There was no clear pattern in the order in which the various blocks of study factors entered the model, perhaps indicating that complex effects involving the factors may be operating.

The model was then refitted using the 1,912 questionnaires that had valid observations for the variables that were included in the model.

The terms that were included in the final model equation, the associated odds ratios of being very satisfied with their health (compared to the base category) and p-values testing their statistical significance are given in Table 8.4.1.

Because the effect of marital status varies with age, the effect of age also depends on marital status.

For respondents who are married/co-habiting, the odds of being very satisfied with their health decrease with age. The odds for those aged 70 years or more are a very small fraction of the odds

for those aged less than 40 years (odds ratio = 0.02, $p = 0.0005$).

The effect of marital status varies with age.

In the less than 40 years age group, the odds of being very satisfied with their health are significantly higher for those who are single (never married) than they are for those who are married/co-habiting (odds ratio = 2.41, $p < 0.0001$).

In the two oldest age groups, none of the odds ratios (compared to those who are married/co-habiting) are significant.

Employment status has an independent relationship with satisfaction with health that is not explained by the other study factors.

Compared to respondents who are in employment, retired and economically inactive respondents are significantly less likely to be very satisfied with their health. While the odds are also lower for unemployed respondents, this difference is not statistically significant.

After adjusting for all the other study factors, respondents in the two lowest income categories are about half as likely as those in the highest income category to be very satisfied with their health.

Compared to respondents who have a low local problems score, respondents who have a high local problems score are half as likely to be very satisfied with their health (odds ratio = 0.48, $p < 0.0001$).

Compared to respondents who have a high local services score, respondents who have a low local services score are a quarter less likely to be very satisfied with their health (odds ratio = 0.71, $p = 0.0078$).

Compared to those who have been actively involved in local organisations in the last three years, those who have not been involved at all are a third less likely to be very satisfied with their health (odds ratio = 0.063, $p = 0.0012$).

TABLE 8.4.1

Logistic regression model – very satisfied with their health¹

	Odds ratio	Statistical significance ²		Odds ratio	Statistical significance ²
DEMOGRAPHIC CHARACTERISTICS			SOCIAL CAPITAL INDICATORS		
Age (for those who are married/co-habiting)			Local problems score		
≥70 years	0.02	p=0.0005	High	0.48	p<0.0001
40-69 years	1.21	ns	Middle	0.72	p=0.0120
<40 years	1.00	base	Low	1.00	base
Marital status (for each age group)			Local services score		
≥70 years			Low	0.71	p=0.0078
Single (never married)	0.37	ns	Middle	0.76	p=0.0463
Separated/divorced	2.54	ns	High	1.00	base
Widowed	1.21	ns	Involvement in local organisations		
Married/co-habiting	1.00	base	No	0.63	p=0.0012
40-69 years			Yes; passively	1.21	ns
Single (never married)	0.99	ns	Yes; actively	1.00	base
Separated/divorced	0.79	ns	LIFESTYLE BEHAVIOURS		
Widowed	0.61	ns	Exercise level		
Married/co-habiting	1.00	base	No adequate exercise	0.64	p<0.0001
<40 years			Some adequate exercise	1.00	base
Single (never married)	2.41	p<0.0001	Body mass index		
Separated/divorced	1.24	ns	Obese	0.59	p=0.0104
Widowed	2.62	ns	Overweight	0.78	p=0.0415
Married/co-habiting	1.00	base	Not overweight	1.00	base
SOCIO-ECONOMIC CHARACTERISTICS			ns: Not significant.		
Employment status			1. See explanatory notes in Chapter 4 and Appendix 1.		
Retired	0.42	p=0.0009	2. P-value for statistical significance of odds ratio (relative to base category).		
Economically inactive	0.67	p=0.0016			
Unemployed	0.78	ns			
Employed – full time/part time	1.00	base			
Income					
Unknown	0.84	ns			
<£7,000	0.48	p=0.0025			
£7,000-£14,999	0.44	p=0.0001			
£15,000-£25,999	0.77	ns			
≥£26,000	1.00	base			

Finally, exercise level and body mass index each have significant independent relationships with satisfaction with health.

Those who do no adequate exercise are two thirds as likely to be very satisfied with their health as those who do some adequate exercise (odds ratio = 0.64, $p < 0.0001$).

Those who are either obese or overweight are less likely to be very satisfied with their health than those who are not overweight (odds ratio = 0.59, $p = 0.0104$ and odds ratio = 0.78, $p = 0.0415$ respectively).

8.4.1 Comments

For some of the variables in the final model (particularly marital status), relatively small sample sizes make interpretation difficult.

8.5 Quality of Life

The simple relationships between quality of life and the study factors, summarised in sections 5.5, 6.5 and 7.5, were used to identify the candidate predictors for the variable selection procedure.

The procedure was then based on the 1,795 questionnaires that had valid observations for these candidate predictor variables.

Age entered the model first, identifying it as the most powerful predictor of quality of life.

It was followed by employment status, exercise level and jurisdiction (varying with age). Housing tenure entered next, followed by social capital indicators (local services score and practical support networks (asking for a lift)). Marital status (varying with age) entered the model next followed by the local problems score, gender, income and civic engagement.

Of the logistic regression models developed, the largest number of study factors appeared in the final model for quality of life, perhaps reflecting the very wide range of issues people consider when assessing their quality of life.

Demographic and socio-economic characteristics, and lifestyle behaviours were the most powerful predictors of quality of life.

However, social capital indicators also played a very strong role in quality of life: three indicators were included in the final model.

The model was then refitted using the 1,863 questionnaires that had valid observations for the variables that were included in the final model.

The terms that were included in the final model equation, the associated odds ratios of quality of life (compared to the base category) and p-values testing their statistical significance are given in Table 8.5.1.

Gender has a significant independent relationship with quality of life not explained by the other study factors.

Males are two thirds as likely as females to have a very good quality of life (odds ratio = 0.64, $p = 0.0003$).

Because the effects of jurisdiction and marital status vary with age, the effect of age also depends on these study factors.

For those who are married/co-habiting and living in Northern Ireland, the odds of having a very good quality of life increase with age.

The effect of jurisdiction varies with age.

For those aged under 40 years, the odds of having a very good quality of life for those in the Republic of Ireland are over two times the odds for those in Northern Ireland (odds ratio = 2.51, $p < 0.0001$).

For the two older age groups, there is no significant difference between the two jurisdictions.

The effect of marital status also varies with age.

For those aged under 40 years, the odds of having a very good quality of life are higher for those who are single (never married) compared to those who are married/co-habiting (odds ratio = 2.51, $p < 0.0001$).

For the two older age groups, there are no significant differences although those who are married/co-habiting have the highest odds of having a very good quality of life in both age groups.

After adjusting for all other study factors, employment status has a significant independent relationship with quality of life.

Compared to those who are in employment, all other respondents have lower odds of having a very good quality of life, particularly those who are retired or economically inactive (odds ratio = 0.23, $p < 0.0001$ and $p = 0.51$, $p < 0.0001$ respectively).

Income also has a significant independent relationship with quality of life, that is not explained by the other study factors.

TABLE: 8.5.1

Logistic regression model – very good quality of life¹

	Odds ratio	Statistical significance ²		Odds ratio	Statistical significance ²
DEMOGRAPHIC CHARACTERISTICS			SOCIO-ECONOMIC CHARACTERISTICS (CONTINUED)		
Gender			Income		
Male	0.64	p=0.0003	Unknown	0.75	ns
Female	1.00	base	<£7,000	0.49	p=0.0068
Age (for those married/co-habiting in NI)			£7,000-£14,999	0.50	p=0.0019
≥70 years	3.48	p=0.0496	£15,000-£25,999	0.65	p=0.0437
40-69 years	1.53	p=0.0924	≥£26,000	1.00	base
<40 years	1.00	base	Housing tenure		
Jurisdiction (for each age group)			Rents-public sector	0.54	p=0.0010
≥70 years			Rents-private sector	0.98	ns
Rol	0.00	ns	Owns/buying	1.00	base
NI	1.00	base	SOCIAL CAPITAL INDICATORS		
40-69 years			Local problems score		
Rol	0.81	ns	High	0.64	p=0.0016
NI	1.00	base	Middle	0.89	ns
<40 years			Low	1.00	base
Rol	2.51	p<0.0001	Local services score:		
NI	1.00	base	Low	0.58	p<0.0001
Marital status (for each age group)			Middle	0.79	ns
≥70 years			High	1.00	base
Single (never married)	0.57	ns	Number of people could ask – lift		
Separated/divorced	0.75	ns	0	0.62	ns
Widowed	0.36	ns	1-2	0.68	p=0.0016
Married/co-habiting	1.00	base	≥3	1.00	base
40-69 years			Involvement in local organisations		
Single (never married)	0.81	ns	No	0.80	ns
Separated/divorced	0.41	p=0.0315	Yes, passively	0.47	p=0.0099
Widowed	0.47	p=0.0939	Yes, actively	1.00	base
Married/co-habiting	1.00	base	LIFESTYLE BEHAVIOURS		
<40 years			Exercise level		
Single (never married)	2.51	p<0.0001	No adequate exercise	0.51	p<0.0001
Separated/divorced	1.66	ns	Some adequate exercise	1.00	base
Widowed	0.00	ns			
Married/co-habiting	1.00	base			
SOCIO-ECONOMIC CHARACTERISTICS					
Employment status					
Retired	0.23	p<0.0001			
Economically inactive	0.51	p<0.0001			
Unemployed	0.66	ns			
Employed – full time/part time	1.00	base			

ns: Not significant.

1. See explanatory notes in Chapter 4 and Appendix 1.
2. P-value for statistical significance of odds ratio (relative to base category).

The odds of having a very good quality of life decrease dramatically with income. Taking the odds for those in the highest income group (\geq £26,000 per annum) to be 1.00, the odds decrease to 0.54 for those in the lowest income group ($<$ £7,000 per annum).

Respondents who rent in the public housing sector are half as likely as those who own or are buying their house to have a very good quality of life (odds ratio = 0.54, $p = 0.0010$). This is, as with all results presented here, after the effects of all other study factors have been taken into account.

Respondents who have a high local problems score are only two thirds as likely as respondents who have a low local problems score to have a very good quality of life (odds ratio = 0.64, $p = 0.0016$).

Respondents who have a low local services score are just over half as likely as respondents who have a high local services score to have a very good quality of life (odds ratio = 0.58, $p < 0.0001$).

Respondents who have limited support networks (asking for a lift) are less likely to have a very good quality of life.

Civic engagement also has a significant independent relationship with quality of life that is not explained by the other study factors.

Those who have not been involved at all in local organisations in the last three years are less than two thirds as likely as those who have been actively involved to have a very good quality of life (odds ratio = 0.58, $p < 0.0001$).

After adjusting for all other study factors, those who do no adequate exercise are half as likely as those who do some adequate exercise to have a very good quality of life (odds ratio = 0.51, $p < 0.0001$).

8.5.1 Comments

For some of the variables in the final model (particularly jurisdiction and marital status), relatively small sample sizes make interpretation quite difficult.

PART 3 - DEMOGRAPHIC AND SOCIO-ECONOMIC
DIFFERENCES IN SOCIAL CAPITAL
INDICATORS AND LIFESTYLE BEHAVIOURS

Chapter 9 | Views about the Local Area

This chapter describes the demographic and socio-economic differences in people's views about their local area. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 9.4.1 and 9.4.2 in Section 9.4.

9.1 Local Problems

9.1.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who have a high local problems score.

There is little evidence that the percentage of respondents who have a high local problems score varies significantly with age.

Respondents in the Republic of Ireland are slightly less likely than those in Northern Ireland to have a high/middle local problems score.

The percentage of respondents who have a high local problems score increases with the size of the centre they live in, from 15% in small towns to 56% in Dublin City (in the Republic of Ireland).

The percentage of respondents who have a high local problems score does not vary significantly with either the length of time they have lived in the local area or their marital status.

9.1.2 Socio-economic Characteristics

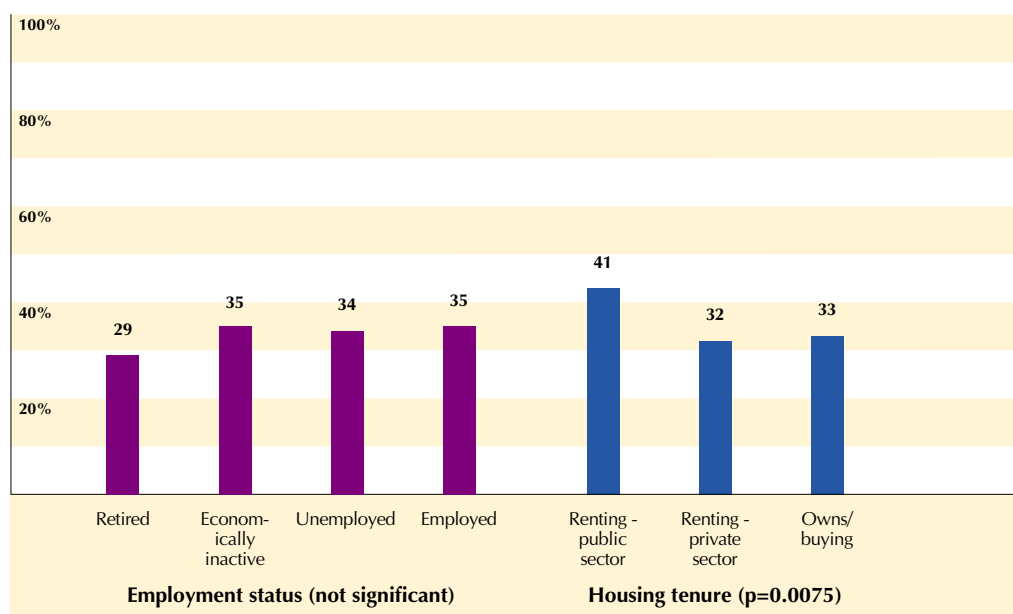
The percentage of respondents who have a high local problems score does not vary significantly with education, social class (in either jurisdiction) or employment status.

Perhaps surprisingly, the likelihood of having a high local problems score is significantly greater for those who have greater incomes. ($p < 0.0001$).

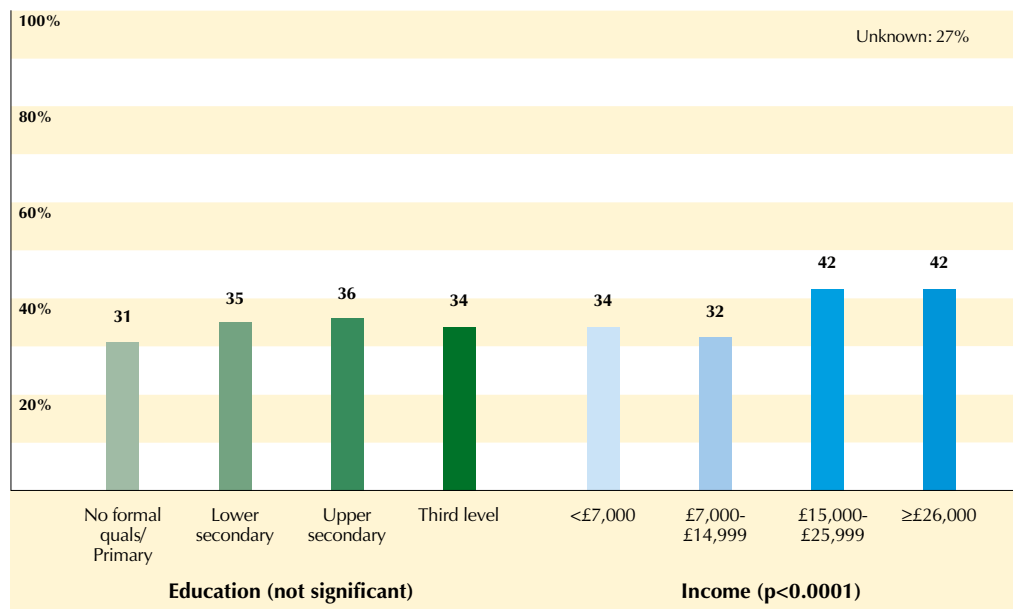
Respondents who are renting in the public sector are more likely than those who either own/are buying their house or who are renting in the private sector, to have a high local problems score.

FIGURE 9.1.1

Percentage of respondents who have a high local problems score, by employment status and housing tenure

**FIGURE 9.1.2**

Percentage of respondents who have a high local problems score, by education and income



9.2 Local Services

9.2.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who have a low local services score.

The percentage of respondents who have a low local services score decreases significantly with age, from 38% for those aged less than 40 years to 26% for those aged 70 years and over.

There no significant North-South difference in the percentage of respondents who have a low local services score.

The percentage of respondents who have a low local services score is lowest in large towns and in cities other than Dublin City (in the Republic of Ireland).

The percentage of respondents who have a low local services score does not vary significantly with either the length of time they have lived in the local area, or their marital status.

9.2.2 Socio-economic Characteristics

The percentage of respondents who have low local services score does not vary significantly with either education or social class (in either jurisdictions).

Respondents who are unemployed are most likely to have a low local services score (48%), followed by those who are economically inactive (39%).

The likelihood of having a low local services score is greater for respondents who are in the lowest income category (<£7,000pa).

Respondents who are renting in the public sector are more likely than those who either own/are buying their house or who are renting in the private sector, to have a low local services score.

FIGURE 9.2.1
Percentage of respondents who have a low local services score, by centre size and employment status

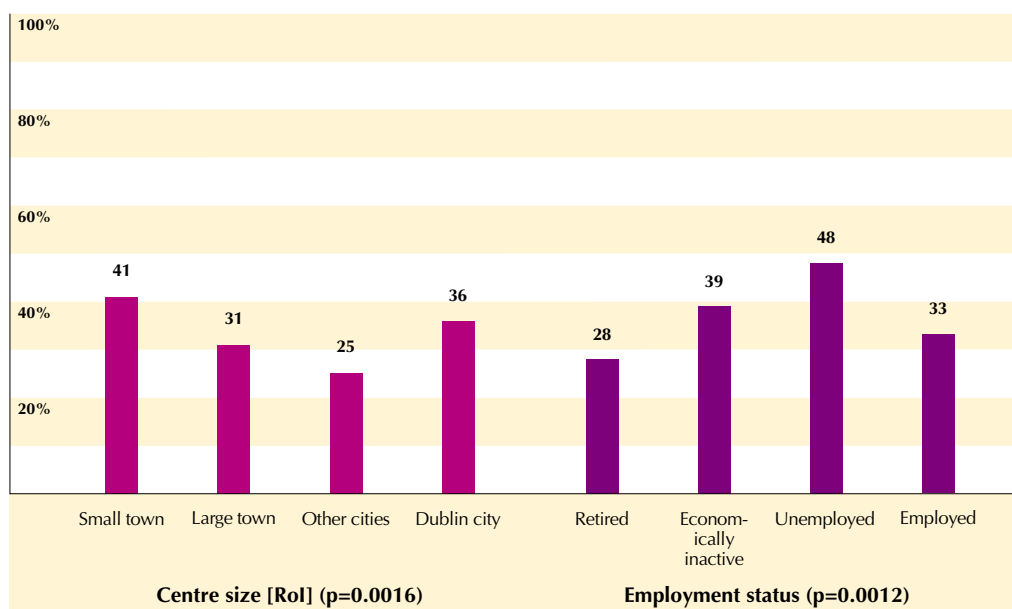
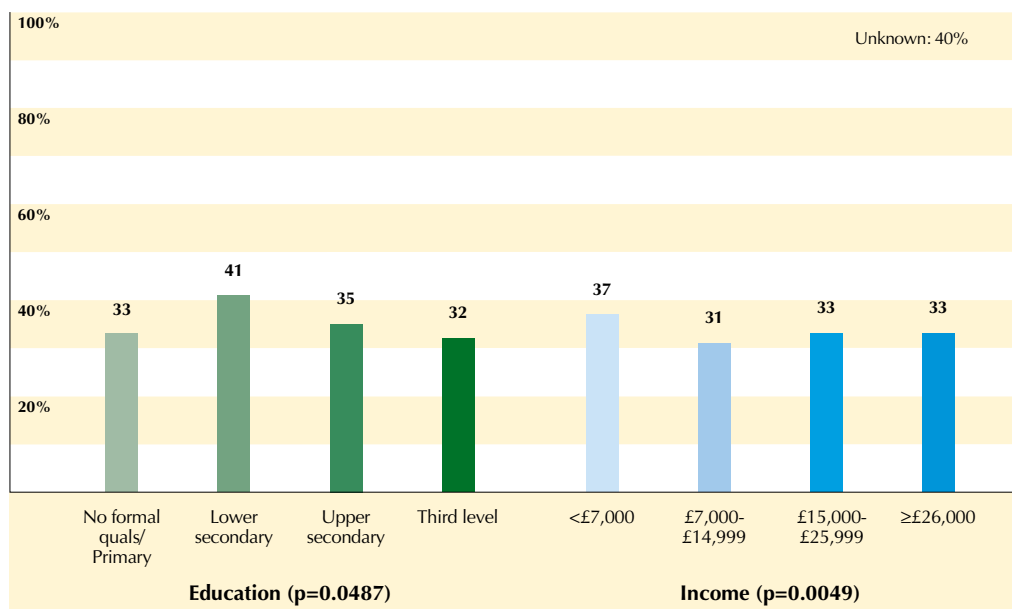


FIGURE 9.2.2
Percentage of respondents who have a low local services score, by education and income



9.3 Personal Safety in the Local Area

Across the island nearly one in five respondents (17%) feel very unsafe or do not go out alone after dark in their local area.

9.3.1 Demographic Characteristics

Females are far more likely than males to feel very unsafe in their local area (25% compared to 9%).

The percentage of respondents who feel very unsafe increases dramatically with age, from 10% for those aged less than 40 years to nearly half (45%) for those aged 70 years and over.

Respondents in Northern Ireland are more likely than those in the Republic of Ireland to feel very unsafe in their local area (21% compared to 15%).

The percentage of respondents who feel very unsafe is highest in towns (particularly, small towns) and lowest in cities, (particularly those other than Dublin) in the Republic of Ireland.

While it appears that respondents' feelings of personal safety are not related to how long they have lived in the local area; after adjusting for gender and age differences the relationship is statistically significant ($p=0.0025$).

Widowed respondents and those who are separated/divorced are most likely to feel very unsafe in their local area; single (never married) respondents and married/cohabitating respondents are least likely.

9.3.2 Socio-economic Characteristics

The percentage of respondents who feel very unsafe in their local area is significantly higher for those with no formal qualifications/primary qualifications and those with lower secondary qualifications.

The likelihood that a respondent feels very unsafe in their local area varies significantly with social class in Northern Ireland, but not in the Republic of Ireland. This is principally due to the higher value for respondents with unassigned/unknown/social class in Northern Ireland.

Respondents who are retired, followed by those who are economically inactive, are most likely to feel very unsafe in their local area. Respondents who are employed are least likely.

The likelihood of feeling very unsafe in the local area is dramatically higher in the lowest income category ($<£7,000$ per annum).

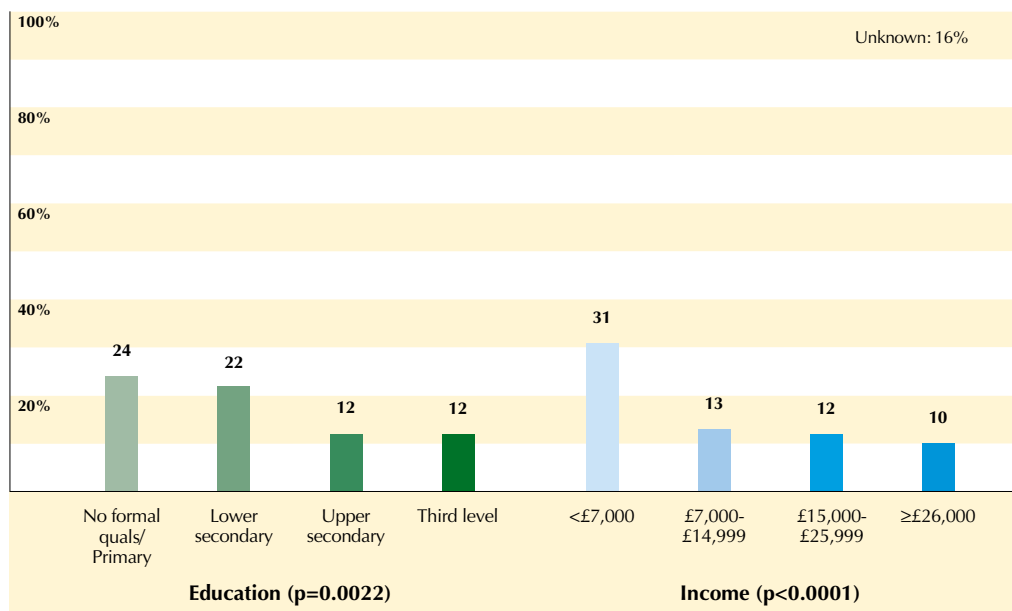
While the percentage of respondents who feel very unsafe in their local area appears to be higher for those renting in the public sector than in other housing tenure categories, this is largely explained by gender and age differences ($p=0.0445$).

FIGURE 9.3.1

Percentage of respondents who feel very unsafe in their local area, by gender and employment status

**FIGURE 9.3.2**

Percentage of respondents who feel very unsafe in their local area, by education and income



9.4 Summary Tables

TABLE 9.4.1

Views about the local area, by jurisdiction¹

	All-Ireland	RoI	NI	Statistical significance ²
Local problems score				
High		34%	35%	p=0.0105
Middle	na	28%	33%	
Low		39%	31%	
Local services score				
Low		36%	32%	ns
Middle	na	29%	36%	
High		35%	32%	
How safe do you feel walking alone in this area after dark?				
Very unsafe/don't go out alone after dark	17%	15%	21%	p=0.0186
A bit unsafe	14%	14%	13%	
Very/Fairly safe	69%	71%	66%	

ns: Not significant.

na: Not applicable.

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 9.4.2

Views of the local area, by demographic and socio-economic characteristics.^{1,2}

	High local problem score	Low local service score	Feel very unsafe in local area
DEMOGRAPHIC CHARACTERISTICS			
Gender			
Males	35%	36%	9%
Females	33%	34%	25%
	ns	ns	p<0.0001
Age			
<40 years	33%	38%	10%
40-69 years	37%	35%	18%
≥70 years	28%	26%	45%
	p=0.0482	p=0.0037	p<0.0001
Centre size (RoI)			
Small town	15%	41%	22%
Large town	28%	31%	15%
Other city	35%	25%	9%
Dublin city	56%	36%	12%
	p<0.0001	p=0.0016	p=0.0024
Length of residency			
<5 years	35%	39%	18%
5-19 years	38%	39%	15%
≥20 years	32%	32%	18%
	p=0.0619	p=0.0473	p=0.0025
Marital status			
Single (never married)	34%	36%	14%
Separated/divorced	41%	40%	25%
Widowed	29%	27%	40%
Married/co-habiting	35%	35%	14%
	ns	ns	p=0.0001
SOCIO-ECONOMIC CHARACTERISTICS			
Education			
No formal qualifications / Primary	31%	33%	24%
Lower secondary	35%	41%	22%
Upper secondary	36%	35%	12%
Third level	34%	32%	12%
	ns	p=0.0487	p=0.0022
SOCIO-ECONOMIC CHARACTERISTICS (CONTINUED)			
Social class (RoI)			
Otherwise gainfully employed/unknown	41%	32%	16%
Semi-skilled, Unskilled	29%	40%	14%
Non-manual, Skilled manual	36%	37%	13%
Professional workers, Managerial and technical	33%	35%	17%
	ns	ns	ns
Social class (NI)			
Unassigned/unknown	29%	37%	44%
Partly skilled, Unskilled	36%	32%	22%
Non-manual, Skilled manual	36%	33%	18%
Professional, Managerial and technical	37%	28%	19%
	ns	ns	p=0.0011
Employment status			
Retired	29%	28%	36%
Economically inactive	35%	39%	21%
Unemployed	34%	48%	14%
Employed – full time/part time	35%	33%	8%
	ns	p=0.0012	p<0.0001
Income			
Unknown	27%	40%	16%
<£7,000	34%	37%	31%
£7,000-£14,999	32%	31%	13%
£15,000-£25,999	42%	33%	12%
≥£26,000	42%	33%	10%
	p<0.0001	p=0.0004	p<0.0001
Housing tenure			
Renting – public sector	41%	44%	23%
Renting – private sector	32%	34%	10%
Owns/buying	33%	34%	16%
	p=0.0075	p=0.0035	p=0.0445

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

9.5 Comments

9.5.1 Demographic Characteristics

While there are some significant gender and age differences in views about the problems and services in the local area, the differences in feelings of personal safety are very strong. A quarter (25%) of all women and nearly half (45%) of all respondents aged 70 years or over, feel very unsafe after dark in their local area.

The size of the centre that a respondent lives in is most strongly related to their views about the local area.

Compared to people living in towns, people living in cities are more likely to have negative views about the problems in the local area but less likely to have negative views about the services in their local area (in the Republic of Ireland).

While marital status does not appear to have a significant effect on views about local problems and local services, it is significantly related to feelings of personal safety. Respondents who are widowed or divorced/separated are much more likely to feel very unsafe after dark in their local area.

9.5.2 Socio-economic Characteristics

Education and social class (in either jurisdiction) appear to have little relation to people's views about local problems and local services.

People with less education and people from lower social classes are much more likely to feel very unsafe after dark in their local area.

Employment status plays a key role.

Respondents who are not in the paid workforce (economically inactive or unemployed) are more likely to have negative views about local services and more likely (with those who are retired) to feel very unsafe after dark in their local area.

Income is also strongly related to views about the local area.

People with higher incomes are more likely to have negative views about local problems and less likely to have negative views about local services. They are also less likely to feel very unsafe after dark in their local area.

A more consistent feature of the results is the strong relationship between housing tenure and views about the local area. Respondents who are renting in the public sector are most likely to have negative views about both the problems and the services in their local area.

Some of the results may be due to the fact that people's views reflect their expectations which in turn vary with demographic and socio-economic characteristics. For example, the question about local services explicitly asked respondents to rate their local services in terms of 'what you generally expect'. These results may therefore reflect a complex interplay between the actual quality of local services available to, and the expectations of, people in different socio-economic circumstances.

Chapter 10 | Social Networks

This chapter describes the demographic and socio-economic difference in social networks on the island. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 10.4.1, 10.4.2, 10.4.3 and 10.4.4 in Section 10.4.

10.1 Number of Neighbours Known

Almost half of the respondents on the island (48%) said they do not know most of their neighbours.

10.1.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who do not know most of their neighbours.

The percentage of respondents who do not know most of their neighbours decreases with age, from 53% for those aged less than 40 years to 44% for those aged 70 years and over.

There is no significant North - South difference in the percentage of respondents who do not know most of their neighbours.

The percentage of respondents who do not know most of their neighbours increases dramatically with the size of the centre they live in, from 23% in small towns to 67% in cities (in the Republic of Ireland).

The percentage of respondents who do not know most of their neighbours decreases with the length of time they have lived in the local area, from 76% for those who have lived in the local area for less than 5 years to 37% for those in the local area for 20 years or more.

Separated/divorced respondents and those who are single (never married) are most likely to not know most of their neighbours.

Married/cohabitating respondents and those who are widowed are least likely.

10.1.2 Socio-economic Characteristics

The percentage of respondents who do not know most of their neighbours increases significantly with education, from 37% for those with no formal qualifications/primary qualifications to 55% for those with third level qualifications.

Respondents in the highest social class in Northern Ireland (Professionals, Managerial and Technical) are more likely than others to not know most of their neighbours.

The percentage of respondents who do not know most of their neighbours does not vary significantly with employment status.

The percentage of respondents who do not know most of their neighbours is generally higher for those in the higher income categories.

Respondents who are renting in the private sector are more likely than other respondents to not to know most of their neighbours ($p=0.001$)

FIGURE 10.1.1
Percentage of respondents who do not know most of their neighbours, by employment status and housing tenure

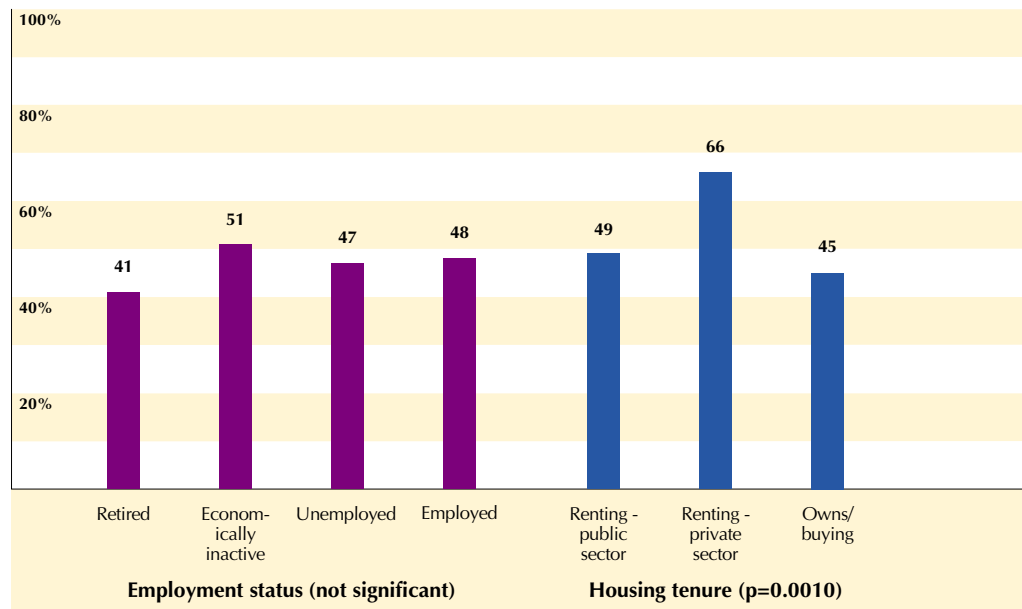
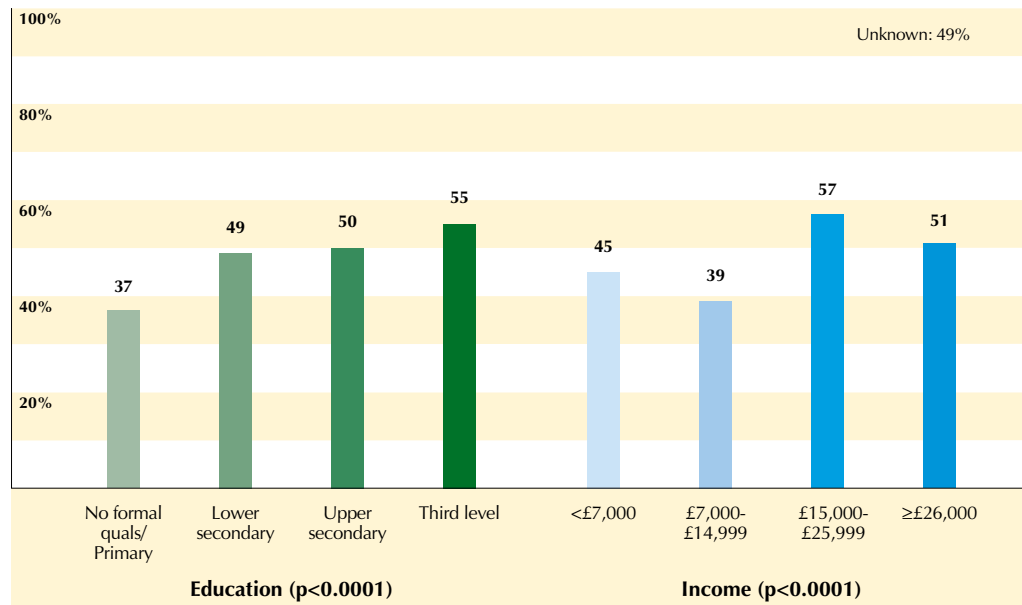


FIGURE 10.1.2
Percentage of respondents who do not know most of their neighbours, by education and income



10.2 Social Contacts with Neighbours, Relatives and Friends

Just over one third of all respondents on the island have infrequent contact (less than five times per week) with their neighbours (37%) and friends (40%). A larger percentage (51%) have infrequent contact with their relatives.

10.2.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who have infrequent contact with neighbours or friends. Females, however, are slightly less likely than males to have infrequent contact with relatives.

While the likelihood of infrequent contact with neighbours and relatives decreases with age (marginally in the case of relatives), the likelihood of infrequent contact with friends increases with age.

There is no significant North - South difference in the percentage of respondents who have infrequent contact with friends. However, infrequent contact with neighbours is less common, and infrequent contact with relatives is more common, in the Republic of Ireland than it is in Northern Ireland.

As the size of the centre the respondent lives in increases, infrequent contact with neighbours becomes more common and infrequent contact with relatives and friends becomes less common (in the Republic of Ireland). Interestingly these trends are reversed slightly when Dublin City is considered.

Respondents who have lived in the local area for a longer time are less likely to have infrequent contact with their neighbours and friends. The percentage of respondents who have infrequent contact with relatives does not vary significantly with the length of time people have lived in the local area.

The percentage of respondents who have infrequent contact with their neighbours does not vary significantly with marital status. Single (never

married) respondents are most likely to have infrequent contact with relatives but least likely to have infrequent contact with friends. Widowed respondents are least likely to have infrequent contact with relatives but most likely (together with those who are married/co-habiting) to have infrequent contact with friends.

10.2.2 Socio-economic Characteristics

The percentage of respondents who have infrequent contact with neighbours and relatives increases with education. The percentage of respondents who have infrequent contact with friends does not vary significantly with education.

In Northern Ireland only, the percentage of respondents who have infrequent contact with neighbours increases with social class. The percentage of respondents who have infrequent contact with relatives and friends does not vary significantly with social class (in either jurisdiction). In each case, however, infrequent contact tends to be more common in the higher social classes.

The percentage of respondents who have infrequent contact with neighbours and relatives does not vary significantly with employment status. Retired respondents are most likely to have infrequent contact with friends. Those who are economically inactive are least likely.

The percentage of respondents who have infrequent contact with neighbours, relatives and friends does not vary significantly with income. In each case, however, infrequent contact tends to be more common in the higher income categories.

Respondents who are renting in the private sector are more likely to have infrequent contact with neighbours. The percentage of respondents who have infrequent contact with relatives and friends does not vary significantly with housing tenure.

FIGURE 10.2.1
Percentage of adults who have infrequent contact with their friends, by marital status and employment status

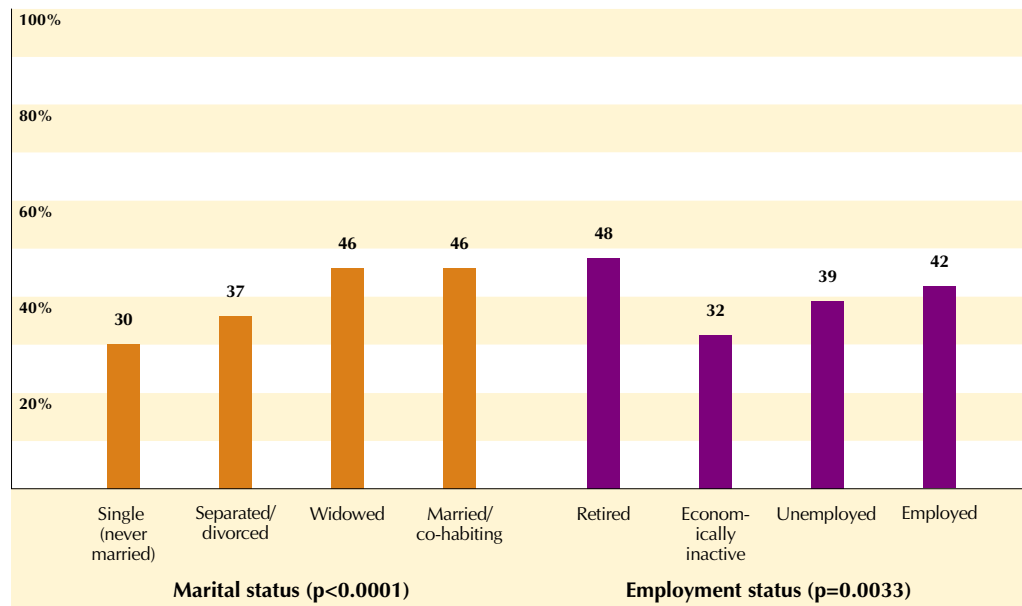
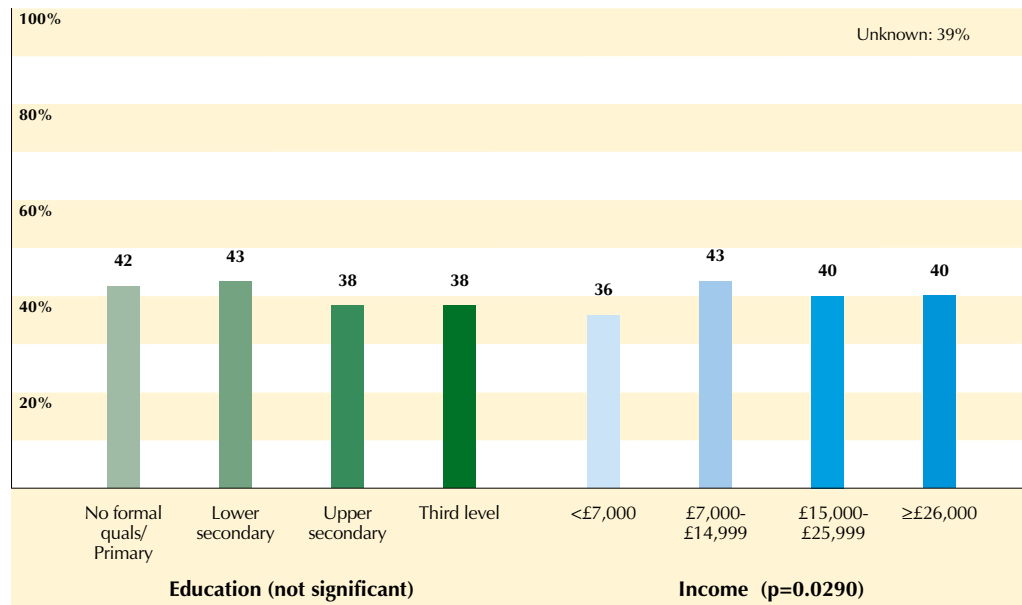


FIGURE 10.2.2
Percentage of adults who have infrequent contact with their friends, by education and income



10.3 Practical, Financial and Emotional Support Networks

While a fifth (21%) of all respondents on the island said they have limited (fewer than three people to ask for help) emotional support networks, far more have limited practical and financial support networks. For example 79% of respondents said they have fewer than three people from whom they can ask to borrow £100.

10.3.1 Demographic Characteristics

Females are slightly less likely than males to have limited support networks, of any type.

Very surprisingly, the percentage of respondents who have limited support networks of any type does not vary significantly with age.

Limited support networks, of any type, are more common in Northern Ireland than they are in the Republic of Ireland. For example, 76% of respondents in Northern Ireland compared to 62% in the Republic of Ireland have fewer than three people to ask for help around the house if they were ill.

The percentage of respondents who have limited practical and financial support networks increases as the size of the centre they live in increases (in the Republic of Ireland). While the percentage of respondents with limited emotional support networks varies significantly with the size of the centre they live in, there is no consistent pattern in this variation.

The percentage of respondents who have limited practical and financial support networks decreases with the length of time they have lived in the local area. The percentage of respondents who have limited emotional support networks does not vary significantly with the length of time they have lived in the local area.

Married/cohabitating respondents are least likely to have limited practical and financial support networks and separated/divorced respondents are most likely. Single (never married) respondents and widowed

respondents lie between these extremes. The percentage of respondents who have limited emotional support networks does not vary significantly with marital status.

10.3.2 Socio-economic Characteristics

There is some evidence that the percentage of respondents who have limited support networks, of any type, is slightly higher for those in the lower education categories.

The percentage of respondents who have limited practical support networks, appears to be higher for those in the lower social classes (in both jurisdictions). After adjusting for differences in gender and age, these differences remain (marginally) significant in Northern Ireland.

Respondents who are unemployed or economically inactive are most likely to have limited practical support networks. The percentage of respondents who have limited financial or emotional support networks does not vary significantly with employment status.

Respondents in the lower income category are more likely to have limited practical and emotional support networks. The percentage of respondents who have limited financial support networks does not vary significantly with income.

Respondents renting, in either sector, are more likely than those who own/are buying their house to have limited practical and financial support networks. The percentage of respondents who have limited emotional support networks varies marginally with housing tenure.

Socio-economic patterns for financial support and emotional support networks are quite different than they are for practical support networks.

FIGURE 10.3.1
Percentage of respondents who have limited practical support networks (a lift), by centre size and employment status

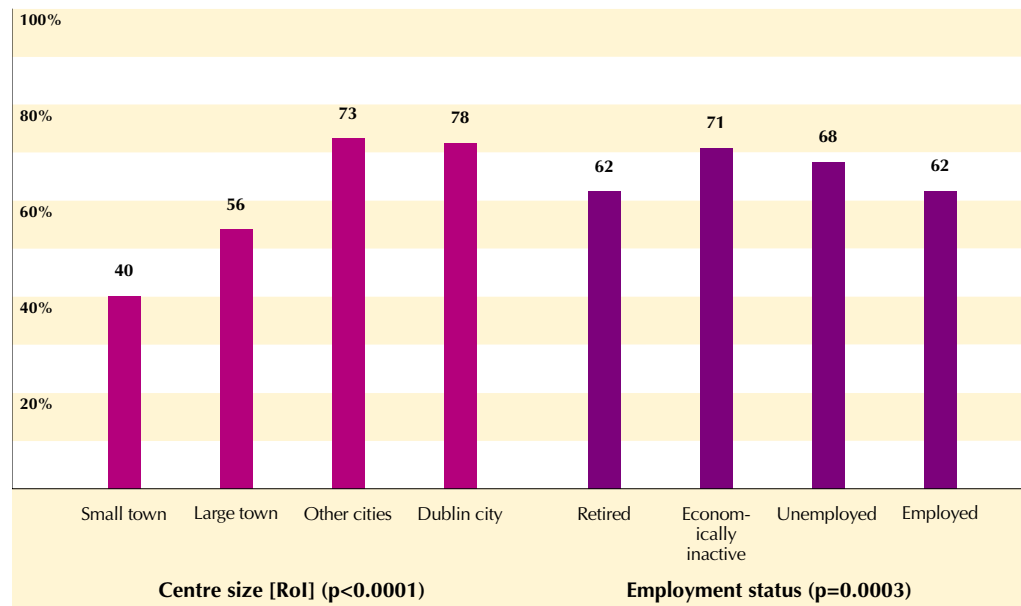
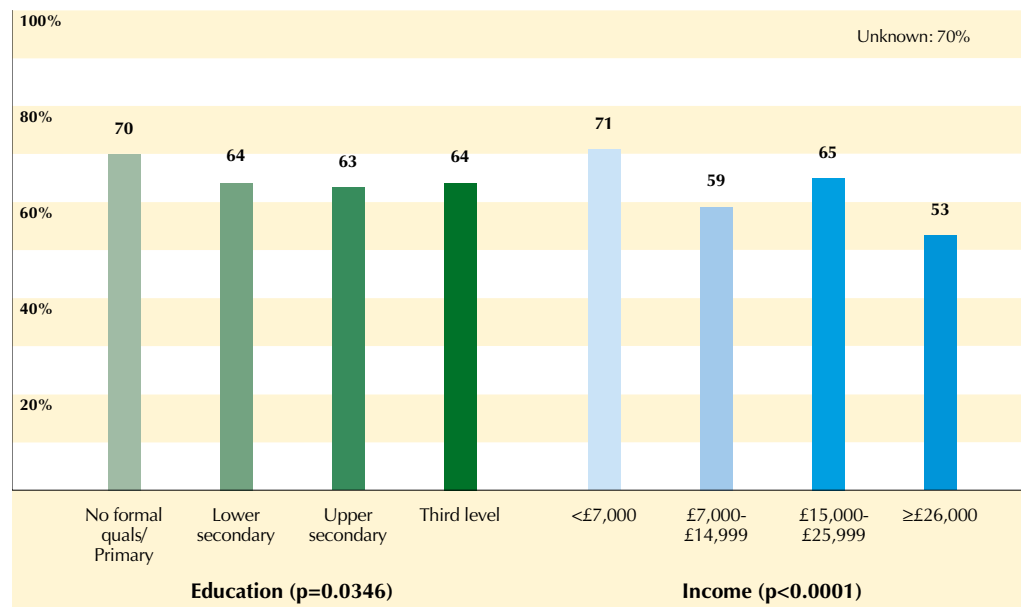


FIGURE 10.3.2
Percentage of respondents who have limited practical support networks (a lift), by education and income



10.4 Summary Tables

TABLE 10.4.1

Social contacts, by jurisdiction¹

	All-Ireland	RoI	NI	Statistical significance ²
Know most neighbours?				
No	48%	47%	48%	ns
Yes	52%	53%	52%	
Contact with neighbours				
Infrequent	37%	34%	43%	p<0.0001
Frequent	63%	66%	57%	
Contact with relatives				
Infrequent	51%	56%	40%	p<0.0001
Frequent	49%	44%	60%	
Contact with friends				
Infrequent	40%	38%	43%	ns
Frequent	60%	62%	57%	

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 10.4.2

Social contacts, by demographic and socio-economic characteristics^{1,2}

	Don't know most neighbours	Infrequent contact with neighbours	Infrequent contact with relatives	Infrequent contact with friends
DEMOGRAPHIC CHARACTERISTICS				
Gender				
Males	46%	39%	60%	42%
Females	49%	36%	43%	38%
	ns	ns	p<0.0001	p=0.0347
Age				
<40 years	53%	43%	51%	32%
40-69 years	42%	33%	53%	45%
≥70 years	44%	32%	43%	52%
	p<0.0001	p<0.0001	p=0.0227	p<0.0001
Centre size (Rol)				
Small town	23%	29%	66%	46%
Large town	36%	24%	56%	39%
Other city	67%	46%	48%	30%
Dublin city	67%	38%	54%	37%
	p<0.0001	p<0.0001	p=0.0006	p=0.0380
Length of residency in local area				
<5 years	76%	55%	55%	43%
5-19 years	54%	42%	54%	40%
≥20 Years	37%	30%	49%	39%
	p<0.0001	p<0.0001	p=0.0540	p=0.0020
Marital status				
Single (never married)	54%	44%	56%	30%
Separated/divorced	55%	37%	48%	37%
Widowed	44%	34%	34%	46%
Married/co-habiting	42%	33%	51%	46%
	p=0.0027	p=0.0253	p=0.0025	p<0.0001

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TABLE 10.4.2

Continued...

	Don't know most neighbours	Infrequent contact with neighbours	Infrequent contact with relatives	Infrequent contact with friends
SOCIO-ECONOMIC CHARACTERISTICS				
Education				
No formal qualifications/Primary	37%	30%	43%	42%
Lower secondary	49%	38%	48%	43%
Upper secondary	50%	36%	57%	38%
Third level	55%	48%	60%	38%
	p<0.0001	p=0.0001	p<0.0001	ns
Social class (RoI)				
Otherwise gainfully employed/unknown	54%	33%	56%	38%
Semi-skilled, Unskilled	51%	32%	52%	38%
Non-manual, Skilled manual	47%	31%	56%	36%
Professional workers, Managerial and technical	44%	40%	59%	41%
	ns	p=0.0603	ns	ns
Social class (NI)				
Unassigned/unknown	66%	41%	34%	36%
Partly skilled, Unskilled	41%	36%	37%	43%
Skilled (non manual and manual)	44%	46%	44%	40%
Professional workers, Managerial and technical	58%	50%	41%	51%
	p<0.0001	p=0.0085	ns	ns
Employment status				
Retired	41%	29%	45%	48%
Economically inactive	51%	36%	49%	32%
Unemployed	47%	40%	57%	39%
Employed	48%	40%	55%	42%
	ns	ns	ns	p=0.0033
Income				
Unknown	49%	36%	55%	39%
<£7,000	45%	34%	47%	36%
£7,000-£14,999	39%	35%	48%	43%
£15,000-£25,999	57%	43%	54%	40%
≥£26,000	51%	40%	55%	40%
	p<0.0001	ns	ns	p=0.0290
Housing tenure				
Renting – public sector	49%	34%	43%	35%
Renting – private sector	66%	54%	55%	39%
Owens/buying	45%	36%	53%	41%
	p=0.0010	p=0.0043	p=0.0229	ns

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

TABLE 10.4.3

Social support networks, by jurisdiction¹

	All-Ireland	RoI	NI	Statistical significance ²
Number of people could ask – lift				
0	4%	4%	5%	p<0.0001
1-2	61%	57%	70%	
≥3	35%	39%	25%	
Number of people could ask – ill				
0	3%	3%	3%	p<0.0001
1-2	64%	59%	73%	
≥3	33%	37%	24%	
Number of people could ask – borrow £100				
0	8%	6%	11%	p<0.0001
1-2	71%	68%	78%	
≥3	21%	25%	11%	
Number of people could ask – personal crisis				
0	1%	1%	2%	p=0.0091
1-2	20%	19%	23%	
≥3	79%	80%	75%	

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 10.4.4

Social support networks, by demographic and socio-economic characteristics.^{1,2}

	Limited practical support (a lift)	Limited practical support (if ill)	Limited financial support	Limited emotional support
DEMOGRAPHIC CHARACTERISTICS				
Gender				
Males	66%	69%	81%	24%
Females	65%	64%	77%	19%
	ns	p=0.0103	p=0.0192	p=0.0205
Age				
<40 years	66%	68%	79%	20%
40-69 years	64%	65%	78%	22%
≥70 years	65%	69%	81%	25%
	ns	ns	ns	ns
Centre size (RoI)				
Small town	40%	44%	60%	15%
Large town	56%	58%	66%	25%
Other city	73%	71%	80%	12%
Dublin city	78%	79%	89%	30%
	p<0.0001	p<0.0001	p<0.0001	p<0.0001
Length of residency in local area				
<5 years	81%	80%	88%	22%
5-19 years	69%	70%	81%	21%
≥20 years	59%	62%	76%	22%
	p<0.0001	p<0.0001	p<0.0001	ns
Marital status				
Single (never married)	70%	71%	81%	23%
Separated/divorced	79%	80%	92%	27%
Widowed	71%	69%	79%	26%
Married/co-habiting	59%	62%	76%	19%
	p<0.0001	p<0.0001	p=0.0008	p=0.0254
SOCIO-ECONOMIC CHARACTERISTICS				
Education				
No formal qualifications/Primary	70%	70%	82%	25%
Lower secondary	64%	66%	81%	18%
Upper secondary	63%	66%	75%	22%
Third level	64%	63%	79%	17%
	p=0.0346	ns	p=0.0284	p=0.0543
Social class (RoI)				
Otherwise gainfully employed/unknown	65%	69%	75%	22%
Semi-skilled, Unskilled	73%	74%	80%	24%
Non-manual, Skilled manual	59%	63%	75%	19%
Professional workers, Managerial and technical	54%	54%	71%	17%
	p=0.0001	p<0.0001	ns	ns

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TABLE 10.4.4

Continued...

	Limited practical support (a lift)	Limited practical support (if ill)	Limited financial support	Limited emotional support
SOCIO-ECONOMIC CHARACTERISTICS (CONTINUED)				
Social class (NI)				
Unassigned/unknown	84%	86%	96%	32%
Partly skilled, Unskilled	78%	78%	92%	28%
Skilled (non manual and manual)	73%	75%	88%	24%
Professional, managerial and technical	69%	68%	86%	18%
	p=0.0345	p=0.0117	p=0.0464	p=0.0632
Employment status				
Retired	62%	64%	79%	24%
Economically inactive	71%	70%	79%	22%
Unemployed	68%	72%	81%	27%
Employed-full time/part time	62%	65%	79%	19%
	p=0.0003	p=0.0072	ns	p=0.0483
Income				
Unknown	70%	72%	83%	27%
<£7,000	71%	70%	81%	24%
£7,000-£14,999	59%	63%	77%	18%
£15,000-£25,999	65%	66%	77%	18%
≥£26,000	53%	51%	75%	18%
	p<0.0001	p<0.0001	p=0.0988	p=0.0018
Housing tenure				
Renting – public sector	78%	77%	86%	23%
Renting – private sector	78%	75%	82%	28%
Owns/buying	61%	64%	77%	20%
	p<0.000	p<0.0001	p=0.0005	p=0.0281

ns: Not significant.

na: Not applicable.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences.

10.5 Comments

10.5.1 Demographic Characteristics

Males are slightly more likely than females to have infrequent social contacts (particularly with relatives) and to have limited practical, financial and emotional support networks.

Older people are more likely to have infrequent contact with friends and less likely to have infrequent contact with relatives and neighbours.

The likelihood of having limited support networks does not vary significantly with age.

There are important North - South differences in social networks.

Compared to Northern Ireland, respondents in the Republic are less likely to have infrequent contact with neighbours but more likely to have infrequent contact with relatives.

Limited practical, financial and emotional social support networks are more common in Northern Ireland than they are in the Republic.

Generally speaking people living in larger centres are more likely to have infrequent contact with neighbours and relatives, and more likely to have limited practical and financial support networks (in the Republic of Ireland).

People who have lived in the local area for a longer time are less likely to have infrequent contact with neighbours and relatives and less likely to have limited practical and financial social support networks.

The relationships between marital status and social contacts are complex, and depend on whether it is contacts with neighbours, relatives or friends being discussed.

The results highlight the limited social support networks of those who are divorced/separated or widowed.

10.5.2 Socio-economic Characteristics

People in higher education categories are more likely to have infrequent contact with neighbours and relatives.

On the other hand, limited practical support networks are more likely among respondents in the lower education categories.

Although not often statistically significant, infrequent contact with neighbours, relatives and friends is more likely among people in higher social class categories.

On the other hand respondents in the lower social class categories tend to be more likely to have limited practical support networks.

There is no consistent pattern in the relationship between employment status and social contact with neighbours, relatives and friends. The same is true when considering social support networks.

Although not often significant, people with higher incomes tend to be more likely to have infrequent contact with neighbours, relatives and friends. On the other hand, people with lower incomes are more likely to have limited practical support networks.

Results regarding housing tenure highlight special issues for those who are renting in the private sector.

Length of residency in the local area is related to centre size, marital status, education, employment status, and housing tenure. These differences in length of residency in the local area do not explain the centre size/marital status/ education differences in the number of neighbours known or contact with neighbours. However they do explain the housing tenure differences in these. Length of residency seems to play a relatively small role in other types of social contacts.

The results clearly show that social contact with neighbours, relatives and friends play a variety of roles, and access to financial, practical and emotional support are not synonymous.

These patterns of variation are sometimes surprising and do not reflect simplistic one dimensional explanations. For example, while people in higher socio-economic circumstances are generally more likely to have infrequent social contacts, they are less likely to have limited practical support networks.

Chapter 11 | Perceived Neighbourhood Social Norms

This chapter describes the demographic and socio-economic differences in perceived neighbourhood social norms on the island. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 11.4.1 and 11.4.2 in Section 11.4.

11.1 Neighbourhood Trust

Half of the respondents on the island (51%) said they do not trust most of their neighbours.

11.1.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who do not trust most of their neighbours.

The percentage of respondents who do not trust most of their neighbours decreases with age, from 59% for those aged less than 40 years to 41% for those aged 70 years and over.

Respondents in the Republic of Ireland are less likely than those in Northern Ireland to not trust most of their neighbours (49% compared to 57%).

Respondents living in towns are less likely than those living in cities to not trust most of their neighbours (in the Republic of Ireland).

The percentage of respondents who do not trust most of their neighbours falls dramatically with the time they have lived in the local area, from 78% for those who have lived in the local area for less than 5 years to 43% for those who have lived in the local area for 20 years or more.

Separated/divorced and single (never married) respondents are most likely to not trust most of their neighbours; those who are married/cohabitating or widowed are least likely.

11.1.2 Socio-economic Characteristics

The percentage of respondents who do not trust most of their neighbours does not vary significantly with education, social class (in either jurisdiction) or employment status.

While the percentage of respondents who do not trust most of their neighbours varies significantly with income, there is no consistent pattern in this variation.

Respondents who are renting, in either the public or private sector, are more likely than those who own/are buying their house to not trust most of their neighbours.

FIGURE 11.1.1
Percentage of respondents who do not trust most of their neighbours, by centre size and employment status

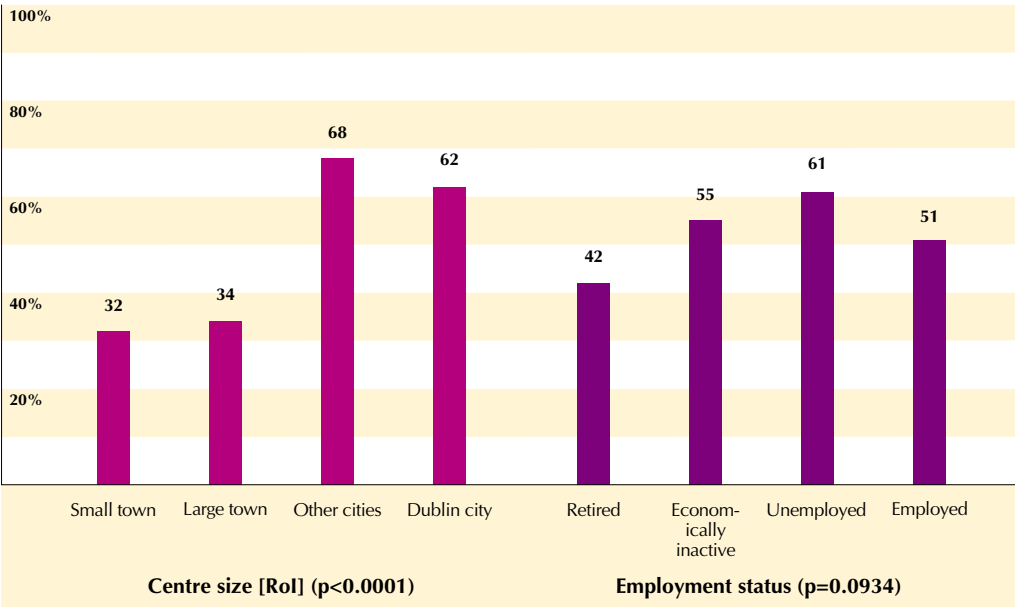
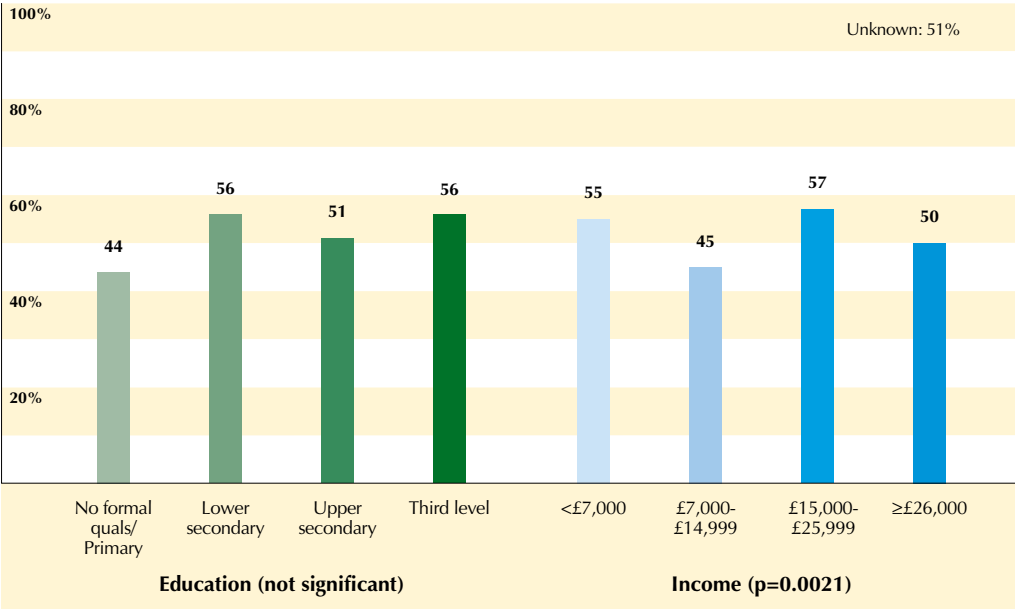


FIGURE 11.1.2
Percentage of respondents who do not trust most of their neighbours, by education and income



11.2 Neighbourhood Reciprocity

Across the island one fifth (21%) of respondents feel that their neighbours do not look out for one another.

11.2.1 Demographic Characteristics

There is no significant difference in the percentage of males and females who feel their neighbours do not look out for one another.

The percentage of respondents who feel their neighbours do not look out for one another is significantly higher in the youngest age group (aged under 40 years).

Respondents in the Republic of Ireland are less likely than respondents in Northern Ireland to feel their neighbours do not look out for one another (18% compared to 27%).

The percentage of respondents who feel their neighbours do not look out for one another is lowest in small towns (8%) and highest in Dublin City (27%) (in the Republic of Ireland).

The percentage of respondents who feel their neighbours do not look out for one another falls dramatically with the length of time they have lived in the local area, from 50% for those who have lived in the local area for less than 5 years to 13% for those who have lived in the local area for 20 years or more.

Single (never married) and separated/divorced respondents are most likely to feel their neighbours do not look out for one another; widowed and married/cohabitating respondents are least likely.

11.2.2 Socio-economic Characteristics

While the percentage of respondents who feel their neighbours do not look out for one another varies significantly with education level, there is no consistent pattern in this variation.

The percentage of respondents who feel their neighbours do not look out for one another does not vary significantly with social class in either jurisdiction.

Compared to those in other employment status categories, respondents who are retired are less likely to feel that their neighbours do not look out for one another. This is not explained by their gender or age.

While the percentage of respondents who feel their neighbours do not look out for one another varies significantly with income, there is no consistent pattern in this variation.

Respondents who are renting in the private sector, followed by those who are renting in the public sector, are most likely to feel their neighbours do not look out for one another.

FIGURE 11.2.1
Percentage of respondents who feel their neighbours do not look out for one another, by marital status and employment status

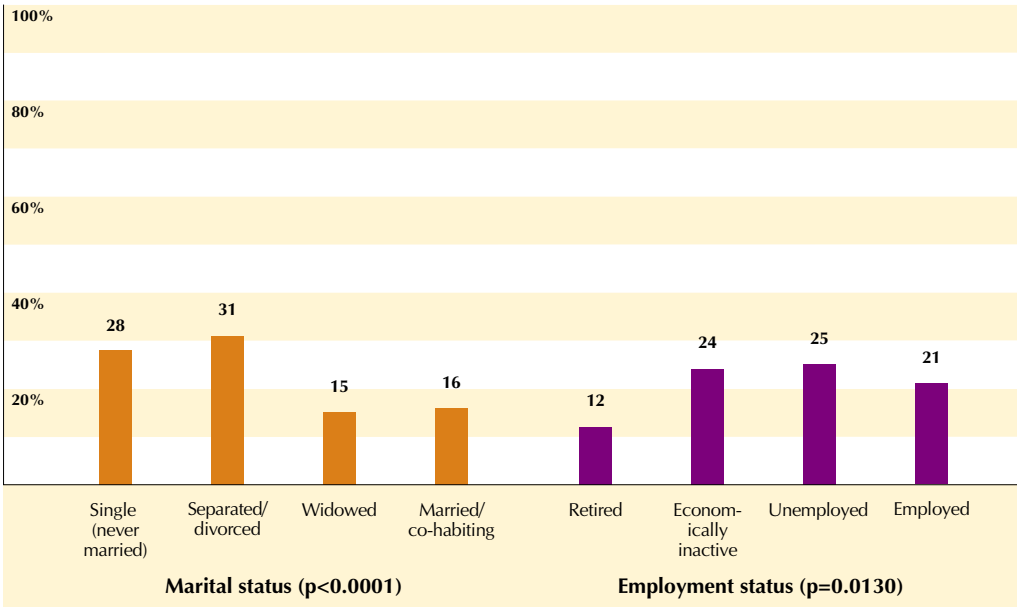
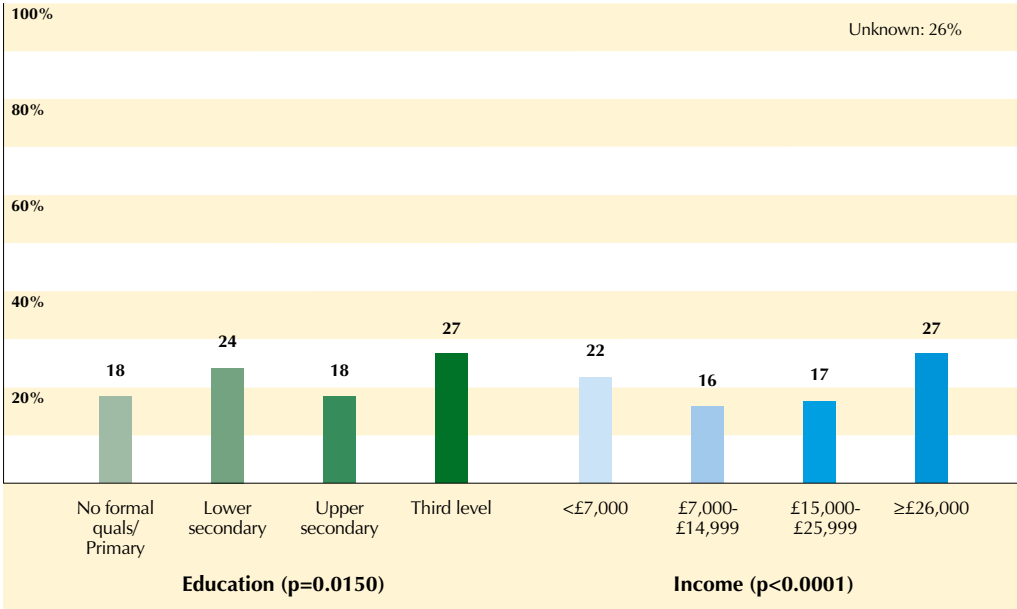


FIGURE 11.2.2
Percentage of respondents who feel their neighbours do not look out for one another, by education and income



11.3 Neighbourhood Efficacy

One fifth (21%) of respondents on the island feel they do not live in an efficacious neighbourhood (see Section 4.2).

11.3.1 Demographic Characteristics

There is no difference between the percentage of males and females who feel they do not live in an efficacious neighbourhood.

The percentage of respondents who feel they do not live in an efficacious neighbourhood is slightly lower in the middle age group (those aged 40-69 years).

Respondents in the Republic of Ireland are much less likely than respondents in Northern Ireland to feel they do not live in an efficacious neighbourhood (16% compared to 33%).

Respondents who live in Dublin City followed by those who live in large towns are most likely to feel they do not live in an efficacious neighbourhood (in the Republic of Ireland).

The percentage of respondents who feel they do not live in an efficacious neighbourhood decreases with length of time they have lived in the local area, from 28% for those who have lived in the local area for less than 5 years to 17% for those who have lived in the local area for 20 years or more.

Married/co-habiting respondents are slightly less likely to feel they do not live in an efficacious neighbourhood.

11.3.2 Socio-economic Characteristics

While the percentage of respondents who feel they do not live in an efficacious neighbourhood varies with education, there is no consistent pattern in this variation.

The percentage of respondents who feel they do not live in an efficacious neighbourhood does not vary significantly with either social class (in either jurisdiction) or employment status.

Respondents in the lowest income category are more likely than other respondents to feel they do not live in an efficacious neighbourhood.

Respondents who are renting, in either the private or public sector, are more likely than respondents who own/are buying their house to feel they do not live in an efficacious neighbourhood.

FIGURE 11.3.1
Percentage of respondents who feel they do not live in an efficacious neighbourhood, by jurisdiction and employment status

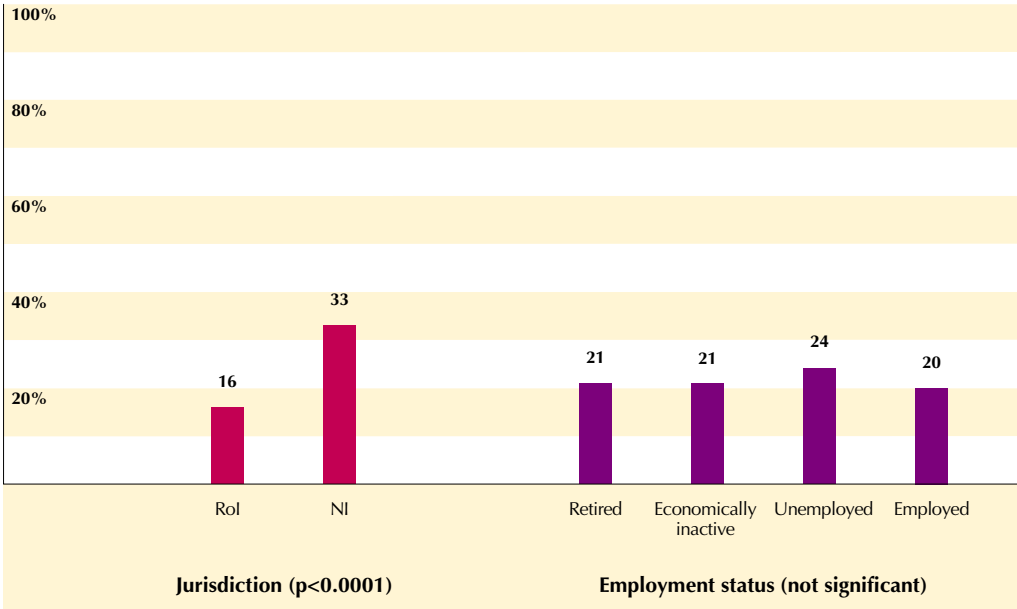
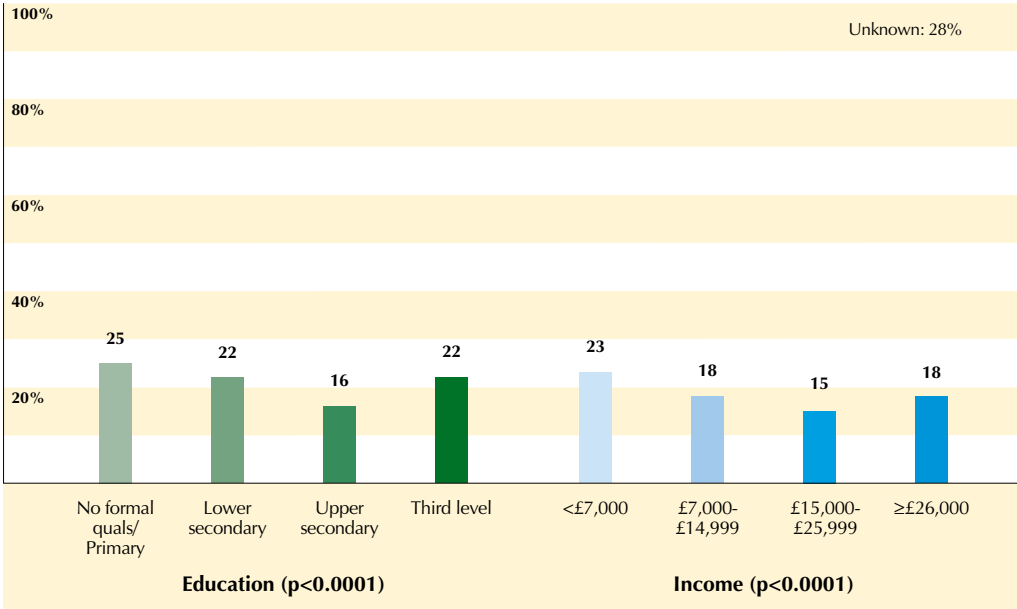


FIGURE 11.3.2
Percentage of respondents who feel they do not live in an efficacious neighbourhood, by education and income



11.4 Summary Tables

TABLE 11.4.1

Perceived neighbourhood social norms and civic engagement, by jurisdiction¹

	All-Ireland	RoI	NI	Statistical significance ²
Trust most neighbours?				
No	51%	49%	57%	p=0.0005
Yes	49%	51%	43%	
Neighbours look out for one another?				
No	21%	18%	27%	p<0.0001
Yes	79%	82%	73%	
Live in efficacious neighbourhood?				
No	21%	16%	33%	p<0.0001
Yes	79%	84%	67%	
Involved in local organisations in last three years?				
No	79%	77%	83%	p=0.0004
Yes, passively	5%	5%	5%	
Yes, actively	16%	18%	12%	

ns: Not significant.

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 11.4.2

Perceived neighbourhood social norms and civic engagement, by demographic and socio-economic characteristics^{1,2}

	Doesn't trust most neighbours	Feels neighbours do not look out for one another	Feels they do not live in efficacious neighbourhood	Has not been actively involved in local organisations in last 3yrs
DEMOGRAPHIC CHARACTERISTICS				
Gender				
Males	51%	21%	21%	82%
Females	52%	20%	21%	85%
	ns	ns	ns	p=0.0218
Age				
<40 years	59%	26%	23%	87%
40-69 years	45%	16%	18%	76%
≥70 years	41%	15%	24%	93%
	p<0.0001	p<0.0001	p=0.0102	p<0.0001
Centre size (Rol)				
Small town	32%	8%	11%	75%
Large town	34%	22%	15%	79%
Other city	68%	19%	10%	76%
Dublin city	62%	27%	22%	89%
	p<0.0001	p<0.0001	p=0.0009	p<0.0001
Length of residency in local area				
<5 years	78%	50%	28%	88%
5-19 years	55%	21%	25%	84%
≥20 years	43%	13%	17%	81%
	p<0.0001	p<0.0001	p<0.0001	ns
Marital status				
Single (never married)	60%	28%	25%	90%
Separated/divorced	65%	31%	28%	91%
Widowed	44%	15%	24%	87%
Married/co-habiting	44%	16%	17%	76%
	p<0.0001	p<0.0001	p=0.0013	p<0.0001
SOCIO-ECONOMIC CHARACTERISTICS				
Education				
No formal qualifications/Primary	44%	18%	25%	90%
Lower secondary	56%	24%	22%	86%
Upper secondary	51%	18%	16%	78%
Third level	56%	27%	22%	79%
	ns	p=0.0150	p<0.0001	p<0.0001

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TABLE 11.4.2

Continued...

	Doesn't trust most neighbours	Feels neighbours do not look out for one another	Feels they do not live in efficacious neigh- bourhood	Has not been actively involved in local organisations in last 3yrs
SOCIO-ECONOMIC CHARACTERISTICS (CONTINUED)				
Social class (RoI)				
Otherwise gainfully employed/unknown	54%	22%	23%	86%
Semi-skilled, Unskilled	52%	18%	14%	83%
Non-manual, Skilled manual	50%	17%	16%	81%
Professional workers, Managerial and technical	45%	18%	14%	79%
	ns	ns	ns	ns
Social class (NI)				
Unassigned/unknown	72%	34%	26%	87%
Partly skilled, Unskilled	54%	27%	30%	92%
Skilled (non manual and manual)	56%	27%	36%	89%
Professional, Managerial and technical	56%	23%	33%	77%
	p=0.0406	ns	ns	p<0.0001
Employment status				
Retired	42%	12%	21%	89%
Economically inactive	55%	24%	21%	85%
Unemployed	61%	25%	24%	90%
Employed-full time/part time	51%	21%	20%	78%
	p=0.0934	p=0.0130	ns	p=0.0010
Income				
Unknown	51%	26%	28%	83%
<£7,000	55%	22%	23%	91%
£7,000-£14,999	45%	16%	18%	83%
£15,000-£25,999	57%	17%	15%	79%
≥£26,000	50%	27%	18%	74%
	p=0.0021	p<0.0001	p<0.0001	p=0.0004
Housing tenure				
Renting – public sector	62%	25%	26%	92%
Renting – private sector	65%	39%	29%	94%
Owens/buying	47%	18%	19%	80%
	p<0.0001	p<0.0001	p=0.0028	p<0.0001

ns: Not significant.

na: Not applicable.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences

11.5 Comments

11.5.1 Demographic Characteristics

Gender appears to play little role in perceived neighbourhood social norms.

Generally speaking, older people are less likely to have negative perceived social norms.

Across the board, people in Northern Ireland are more likely to have negative perceived social norms than people in the Republic of Ireland.

Generally speaking, negative perceived social norms are less common in smaller centres and less common among those who have lived in the local area for longer.

The relationships between marital status and perceived social norms are complex. In all cases, married/co-habiting respondents are amongst the least likely to have negative social norms and single (never married) are amongst the most likely.

11.5.2 Socio-economic Characteristics

While education level, employment status and income are all significantly related to perceived neighbourhood norms, there is no consistent pattern in the variation.

The results on housing tenure highlight the special issues for those who are renting, in either the private and public sectors.

The demographic and socio-economic differences in perceived neighbourhood norms are complex. These differences, in turn, make the interpretation of the relationships between these norms and health quite complicated. For example, if older people have more positive perceived social norms because they generally have more positive attitudes, their generally poorer health will mask any potential health benefits associated with positive perceived social norms.

Length of residency in the local area is related to centre size, marital status, education, employment status, and housing tenure. Differences in length of residency in the local area do not explain any of the differences in neighbourhood trust, neighbourhood reciprocity, neighbourhood efficacy (except for educational and employment status differences in neighbourhood reciprocity).

Chapter 12 | Civic Engagement

This chapter describes the demographic and socio-economic differences in civic engagement on the island. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 11.4.1 and 11.4.2 in Section 11.4 of the previous chapter.

12.1 Involvement in Local Organisations

More than four out of five (84%) respondents on the island have not been actively involved in any local organisations in the last three years.

12.1.1 Demographic Characteristics

Males are slightly less likely than females to have not been actively involved in local organisations in the last three years.

Respondents in the oldest age group (≥ 70 years) are more likely than others to have not been actively involved in local organisations in the last three years.

Respondents in the Republic of Ireland are less likely than those in Northern Ireland to have not been actively involved in local organisations in the last three years (82% compared to 88%).

Respondents who live in Dublin City are more likely than those who live in other centres to have not been actively involved in local organisations in the last three years (in the Republic of Ireland).

After adjusting for differences in gender and age, the percentage of respondents who have not been actively involved in local organisations in the last three years does not vary significantly with how long they have lived in the local area.

Respondents in all other marital status categories are more likely than respondents who are married/co-habiting to have not been actively involved in local organisations in the last three years.

12.1.2 Socio-economic Characteristics

The percentage of respondents who have not been actively involved in local organisations in the last three years decreases as education increases, from 90% for those with no formal qualifications/primary qualifications to 79% for those with third level qualifications.

While the percentage of respondents who have not been actively involved in local organisations in the last three years decreases as social class increases in both jurisdictions, this decrease is only significant in Northern Ireland.

Respondents who are employed are less likely than respondents in all other employment status categories to have not been actively involved in local organisations in the last three years.

The likelihood of not being actively involved in local organisations in the last three years decreases with income increases, from 91% for those in the lowest income category ($<£7,000$) to 74% for those in the highest income category ($\geq£7,000$).

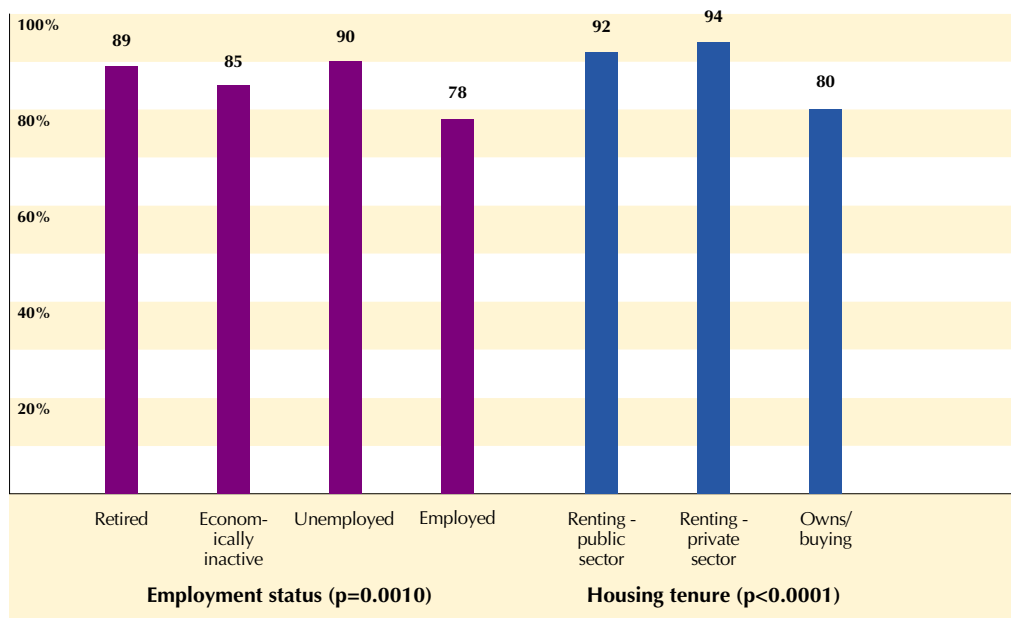
Respondents who are renting, in either the public or private sector, are more likely than those who own/are buying their house to have not been actively involved in local organisations in the last three years.

12.2 Comments

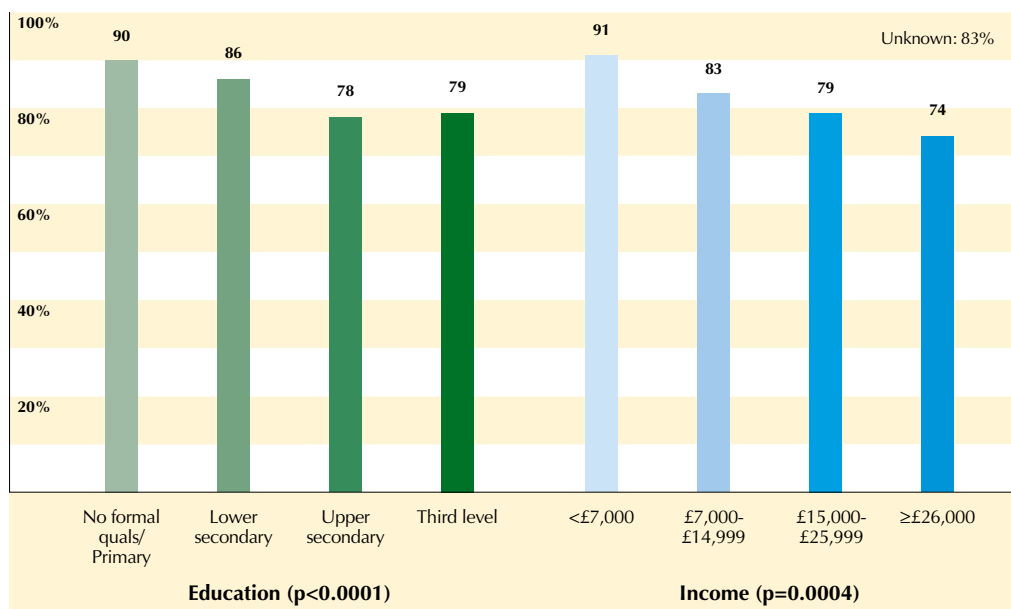
Length of residency in the local area is related to centre size, marital status, education, employment status, and housing tenure. These differences in length of residency in the local area do not explain any of the differences in civic engagement.

FIGURE 12.1.1

Percentage of respondents who have not been actively involved in any local organisations in the last three years, by employment status and housing tenure

**FIGURE 12.1.2**

Percentage of respondents who have not been actively involved in any local organisations in the last three years, by education and income



Chapter 13 | Lifestyle Behaviours

This chapter describes the demographic and socio-economic differences in lifestyle behaviours on the island. All tests of significance are adjusted for differences in gender and age. These descriptions are based on Tables 13.5.1 and 13.5.2 in Section 13.5.

13.1 Smoking Status

Twenty nine percent of all respondents on the island currently smoke cigarettes regularly or occasionally.

13.1.1 Demographic Characteristics

There is no significant difference between the percentage of males and females who currently smoke cigarettes.

The percentage of respondents who currently smoke decreases with age, from 32% for those aged under 40 years to 18% for those aged 70 years and over.

The percentage of respondents who currently smoke is higher in Northern Ireland than it is in the Republic of Ireland (32% compared to 27%).

The percentage of respondents who currently smoke does not vary significantly with the size of the centre they live in (in the Republic of Ireland).

While respondents who have lived in the local area for less than 5 years appear to be more likely to currently smoke, this is explained by the fact that they also tend to be younger.

Respondents who are separated/divorced and those who are single (never married) are more likely to currently smoke than those who are widowed or married/co-habiting.

13.1.2 Socio-economic Characteristics

The percentage of respondents who currently smoke decreases as education increases, from 32% for those with no formal qualifications / primary qualifications to 20% for those with third level education.

In both jurisdictions, the percentage of respondents who currently smoke decreases as social class increases. In the Republic of Ireland, for example, it falls from 31% for those in the Semi-skilled, Unskilled category to 20% for those in the Professional, Managerial and technical category.

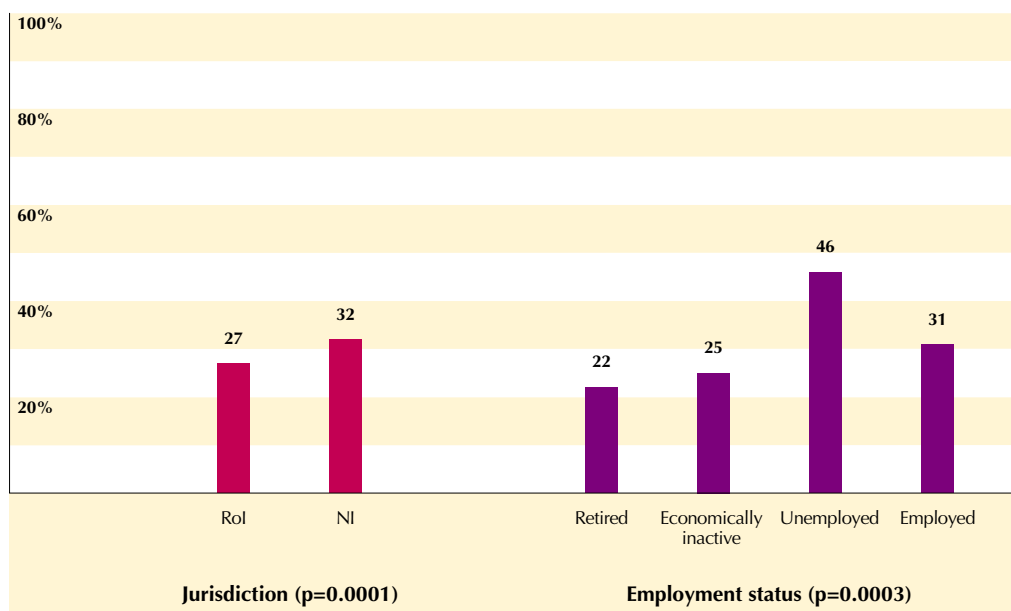
Unemployed respondents are most likely to currently smoke (46%), followed by those who are employed (31%). Respondents who are retired or economically inactive are least likely to currently smoke.

The percentage of respondents who currently smoke falls dramatically as income rises, from 36% for those in the lowest income category to 21% for those in the highest income category.

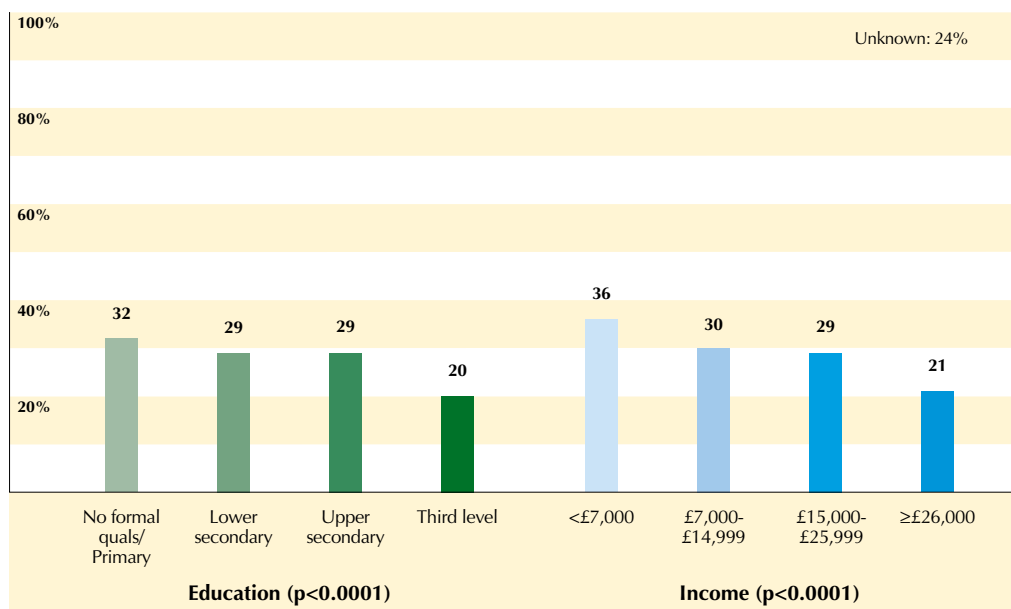
Across the island, respondents who are renting in the public sector are most likely to currently smoke (45%) followed by those renting in the private sector (37%). Those who own/are buying their house are least likely (24%).

FIGURE 13.1.1

Percentage of respondents who currently smoke cigarettes regularly or occasionally, by jurisdiction and employment status

**FIGURE 13.1.2**

Percentage of respondents who currently smoke cigarettes regularly or occasionally, by education and income



13.2 Drinking Level

Nearly one in ten (8%) of respondents on the island drinks excessively.

13.2.1 Demographic Characteristics

Males are twice as likely as females to drink excessively (11% compared to 5%).

The percentage of respondents who drink excessively decreases with age, from 10% for those aged under 40 years to 3% for those aged 70 years and over.

Excessive drinking is more common in the Republic of Ireland than it is in Northern Ireland (9% compared to 6%).

After adjusting for gender and age, the percentage of respondents who drink excessively does not vary significantly with either the size of the centre they live in (in the Republic of Ireland) or the length of time they have lived in the local area.

Excessive drinking is reported to be more common amongst those with higher education and higher income (although often only marginally significant). The logistic regression models in Chapter 8 demonstrate that much of this is explained by other study factors.

Respondents who are separated/divorced and those who are single (never married) are much more likely to drink excessively than those who are either widowed or married/co-habiting.

13.2.2 Socio-economic Characteristics

The likelihood that a person drinks excessively is higher in the higher education categories ($p = 0.0174$).

The percentage of respondents who drink excessively does not vary significantly with social class (in either jurisdiction).

There is some evidence that respondents who are unemployed and those who are employed are more likely to drink excessively.

Respondents in the highest income category ($\geq £26,000$ pa) are more likely than respondents in the other income categories to drink excessively.

After adjustment for gender and age, respondents who rent in the private sector are much more likely than others to drink excessively.

FIGURE 13.2.1
Percentage of respondents who drink excessively, by jurisdiction and employment status

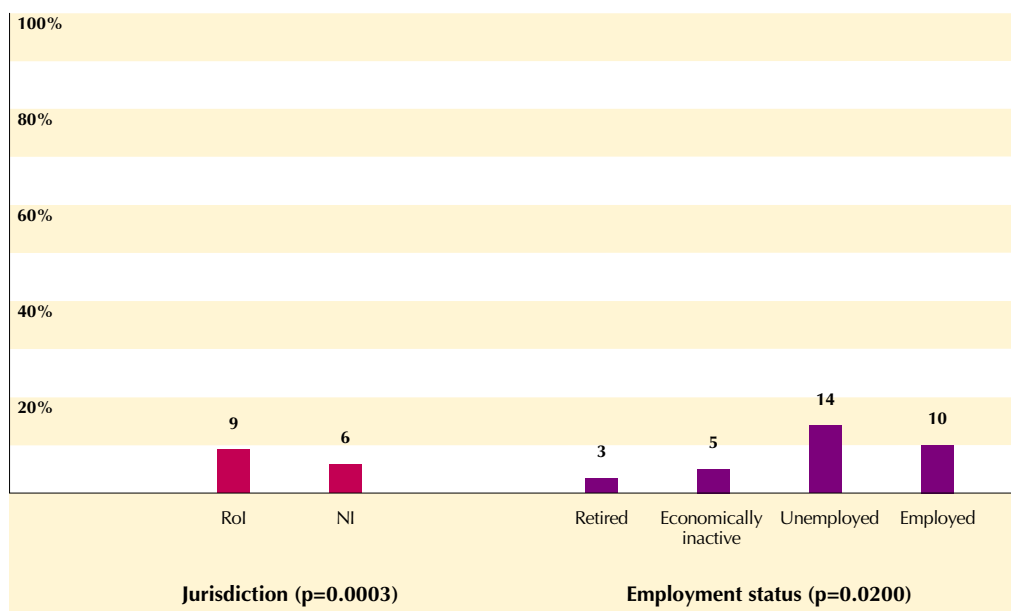
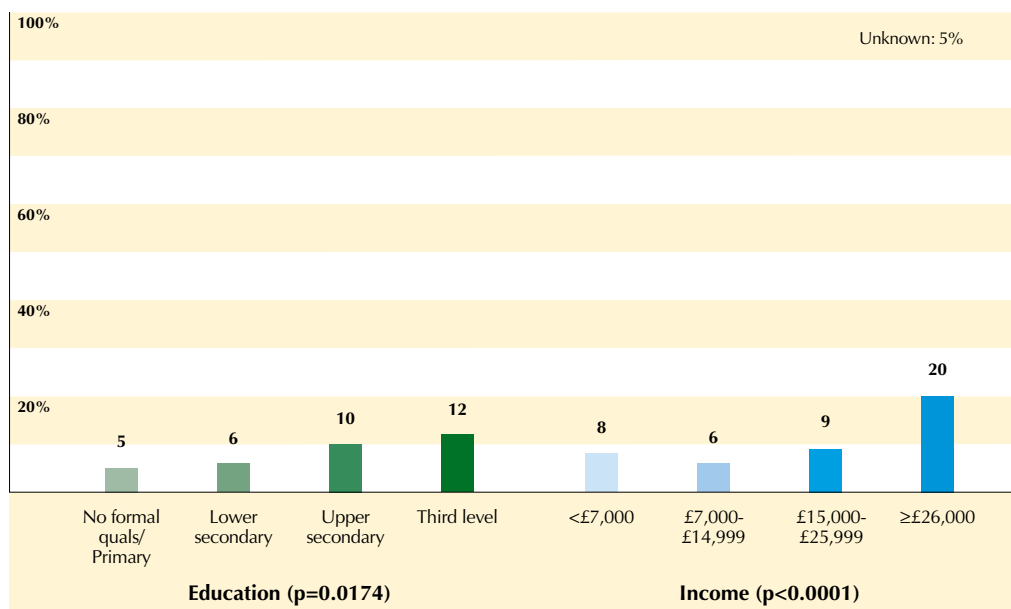


FIGURE 13.2.2
Percentage of respondents who drink excessively, by education and income



13.3 Exercise Level

Half (50%) of all respondents on the island do no adequate exercise.

13.3.1 Demographic Characteristics

Females are more likely than males to do no adequate exercise (54% compared to 45%).

The percentage of respondents who do no adequate exercise increases with age, from 44% amongst those aged under 40 years to 73% amongst those aged 70 years and over.

Respondents in the Republic of Ireland are more likely than those in Northern Ireland to do no adequate exercise (53% compared to 42%).

Respondents who live in other cities are less likely to do no adequate exercise than respondents who live in other centres (in the Republic of Ireland).

After adjusting for gender and age, the percentage of respondents who do no adequate exercise does not vary significantly with the length of time they have lived in the local area.

While the percentage of respondents who do no adequate exercise appears to vary with marital status, this variation is explained by differences in gender and age.

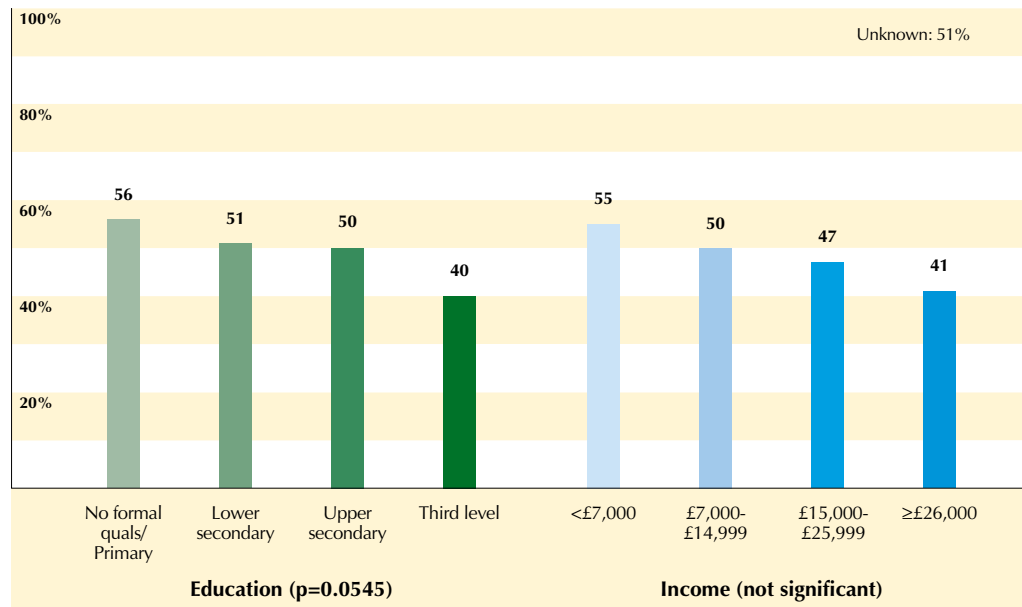
13.3.2 Socio-economic Characteristics

After adjusting for gender and age differences, the percentage of respondents who do no adequate exercise does not vary significantly with either education, social class (in either jurisdiction), employment status, income or housing tenure.

FIGURE 13.3.1
Percentage of respondents who do no adequate exercise, by gender and employment status



FIGURE 13.3.2
Percentage of respondents who do no adequate exercise, by education and income



13.4 Body Mass Index

Forty percent (40%) of all respondents on the island are either obese or overweight.

13.4.1 Demographic Characteristics

Males are more likely than females to be obese or overweight (44% compared to 36%).

The percentage of respondents who are either obese or overweight is greatest for those aged 40-69 years (54%) and lowest for those aged less than 40 years (27%).

Respondents in Northern Ireland are more likely than respondents in the Republic of Ireland to be obese or overweight (45% compared to 38%).

Respondents who live in cities are slightly less likely than those who live in towns to be obese or overweight (in the Republic of Ireland).

While respondents who have lived in the local area for more than 20 years appear to be more likely to be obese or overweight, this is explained by the fact they also tend to be older.

After adjustment for gender and age differences, the percentage of respondents who are obese or overweight does not vary significantly with marital status.

13.4.2 Socio-economic Characteristics

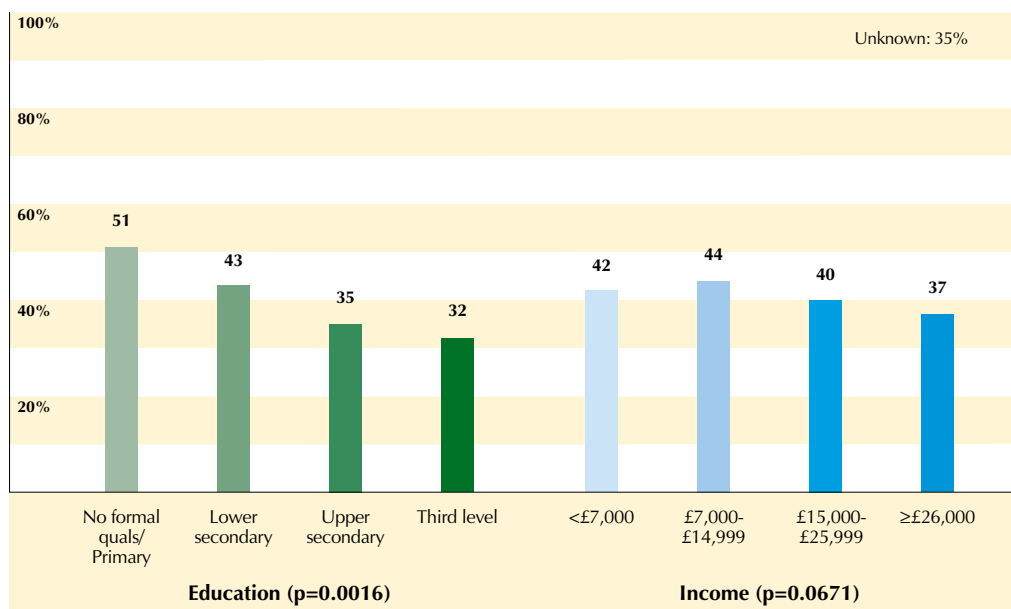
The percentage of respondents who are obese or overweight decreases significantly as education increases, from 51% for those with no formal qualifications / primary qualifications to 32% for those with third level education.

After adjusting for gender and age differences, the percentage of respondents who are obese or overweight does not vary significantly with either social class (in either jurisdiction), employment status, income, or housing tenure.

FIGURE 13.4.1
Percentage of
respondents who are
obese/overweight,
by gender and
employment status



FIGURE 13.4.2
Percentage of
respondents who are
obese/overweight,
by education and
income



13.5 Summary Tables

TABLE 13.5.1

Lifestyle behaviours, by jurisdiction¹

Health behaviours	All-Ireland	RoI	NI	Statistical significance ²
Smoking status				
Regular/occasional smoker	29%	27%	32%	p=0.0001
Ex-smoker	15%	13%	18%	
Never smoked	57%	60%	50%	
Drinking level				
Excessive usual drinker	8%	9%	6%	p=0.0003
Non-excessive usual drinker	42%	44%	37%	
Not a usual drinker	51%	48%	57%	
Exercise level				
No adequate exercise	50%	53%	42%	p<0.0001
Some adequate exercise	50%	47%	58%	
Body mass index				
Obese	10%	9%	12%	p=0.0016
Overweight	30%	29%	33%	
Not overweight	60%	62%	55%	

1. See explanatory notes in Chapter 4.

2. P-values for North – South differences, adjusted for different gender – age profiles of the two jurisdictions.

TABLE 13.5.2

Lifestyle behaviours, by demographic and socio-economic characteristics^{1,2}

	Currently smokes	Drinks excessively	Does no adequate exercise	Is obese/overweight
DEMOGRAPHIC CHARACTERISTICS				
Gender				
Male	30%	11%	45%	44%
Female	28%	5%	54%	36%
	ns	p<0.0001	p=0.0001	p=0.0002
Age				
<40 years	32%	10%	44%	27%
40-69 years	28%	6%	51%	54%
≥70 years	18%	3%	73%	43%
	p=0.0001	p<0.0001	p<0.0001	p<0.0001
Centre size (Rol)				
Small town	22%	9%	58%	41%
Large town	27%	3%	53%	46%
Other city	29%	10%	41%	35%
Dublin city	30%	10%	54%	32%
	ns	ns	p=0.0077	p=0.0469
Length of residency in local area				
<5 years	35%	7%	40%	33%
5-19 years	28%	8%	50%	34%
≥20 years	27%	8%	52%	45%
	ns	ns	p=0.0668	p=0.0955
Marital status				
Single (never married)	32%	12%	42%	30%
Separated/divorced	44%	15%	53%	39%
Widowed	23%	1%	71%	47%
Married/co-habiting	25%	5%	51%	46%
	p=0.0002	p<0.0001	p=0.0202	p=0.0237

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SUMMARY TABLE 13.5.2

Continued...

	Currently smokes	Drinks excessively	Does no adequate exercise	Is obese/overweight
SOCIO-ECONOMIC CHARACTERISTICS				
Education				
No formal qualifications/Primary	32%	5%	56%	51%
Lower secondary	29%	6%	51%	43%
Upper secondary	29%	10%	50%	35%
Third level	20%	12%	40%	32%
	p<0.0001	p=0.0174	p=0.0545	p=0.0016
Social class (RoI)				
Otherwise gainfully employed/unknown	37%	9%	45%	43%
Semi-skilled, Unskilled	31%	3%	57%	42%
Non-manual, Skilled manual	29%	10%	55%	34%
Professional workers, Managerial and technical	20%	10%	51%	38%
	p=0.0029	p=0.0255	ns	ns
Social class (NI)				
Unassigned/unknown	37%	9%	43%	44%
Partly skilled, Unskilled	39%	7%	43%	49%
Skilled (non manual and manual)	32%	6%	42%	44%
Professional, Managerial and technical	21%	3%	42%	44%
	p=0.0002	ns	ns	ns
Employment status				
Retired	22%	3%	63%	50%
Economically inactive	25%	5%	50%	36%
Unemployed	46%	14%	48%	41%
Employed – full time/part time	31%	10%	45%	39%
	p=0.0003	p=0.0200	ns	ns
Income				
Unknown	24%	5%	51%	35%
<£7,000	36%	8%	55%	42%
£7,000-£14,999	30%	6%	50%	44%
£15,000-£25,999	29%	9%	47%	40%
≥£26,000	21%	20%	41%	37%
	p<0.0001	p<0.0001	ns	p=0.0671
Housing tenure				
Renting – public sector	45%	7%	54%	41%
Renting – private sector	37%	17%	46%	36%
Owens/buying	24%	7%	50%	41%
	p<0.0001	p=0.0175	ns	ns

ns: Not significant.

na: Not applicable.

1. See explanatory notes in Chapter 4.

2. P-values describe the statistical significance of relationships, after adjusting for gender – age differences

13.6 Comments

13.6.1 Demographic Characteristics

Except for exercise, males are more likely than females to have health compromising lifestyle behaviours.

Smoking and excessive drinking are less common in the older age groups; no adequate exercise and obesity/overweight are more common.

The North - South differences in lifestyle behaviours are mixed. Excessive drinking and no adequate exercise are more common in the Republic; smoking and obesity/overweight are more common in Northern Ireland.

Lifestyle behaviours do not vary with centre size in any consistent manner (in the Republic of Ireland).

Lifestyle behaviours do not vary significantly with length of residency in the local area.

While lifestyle behaviours vary significantly with marital status, there is no consistent pattern in this variation.

13.6.2 Socio-economic Characteristics

Except for excessive drinking, people with less educational qualifications are more likely to have health compromising lifestyle behaviours.

Except for smoking, social class and employment status are not significantly related to lifestyle behaviours.

People with lower incomes are more likely to have health compromising lifestyle behaviours.

Except for education, there are no significant socio-economic differences in exercise level and obesity/overweight.