

NHS Leicester City and Leicester City Council

Health-related behaviour, knowledge and attitudes in Leicester

NB This is a working draft and is subject to some corrections .

The Leicester Health and Lifestyle Survey 2010 was undertaken to provide accurate information about health-related behaviour, knowledge and attitudes in the adult Leicester population. The survey results are based on a representative sample of 2,377 twenty minute, face to face, in home interviews conducted with adults aged 16 and over living in Leicester, between 6th January and 11th April 2010¹.

Health in general

Overall, nearly three-quarters (72%) of adults in Leicester said that they thought their health was “very good” or “good”; a slightly lower proportion than the 76% reporting a similar health status in England via the Health Survey for England in 2008. Only 7% of all respondents said their health was “bad” or “very bad”, with more people reporting “bad” or “very bad” health in Spinney Hills (10%), Eyres Monsell and Western Park (11%) and in New Parks (12%) wards.

Long-term conditions

Overall 20% of respondents said that they had a long-term limiting condition (LTLC) – an illness or disability that respondents felt limited their activity in anyway. People living in Freeman (31%) and Thurncourt (30%) wards were most likely and in Westcotes (14%) and in Castle (13%) least likely to report a LTLC.

Attitudes towards leading a healthy lifestyle

Without any prompting, four-fifths or so (86%) of respondents recognised a healthy diet and taking regular exercise (79%) as key elements of leading a healthy lifestyle. However, only a quarter recognised the importance of not smoking (25%) or not drinking too much alcohol (24%) for good health.

Willingness to change

The survey found that the majority of people (71%) said they were willing to change and to make at least one of six changes. The most commonly mentioned being to lose weight (32%), increase physical activity (32%) and to eat more healthily (26%).

This willingness to change was greater in

- younger respondents (85% of those under 55 years, compared to 54% in those aged 55 or over),
- smokers (77%, compared with 69% non-smokers),
- those who had taken drugs in the last year (83%, compared with 71% of non-users)
- and those who were overweight (74%) or obese or morbidly obese (82%) (compared with 66% of people with an ideal Body Mass Index [BMI])

¹ The full report, Leicester Health and Lifestyle Survey 2010, is available. The survey was commissioned by NHS Leicester City and undertaken by GfK NOP.

Smoking

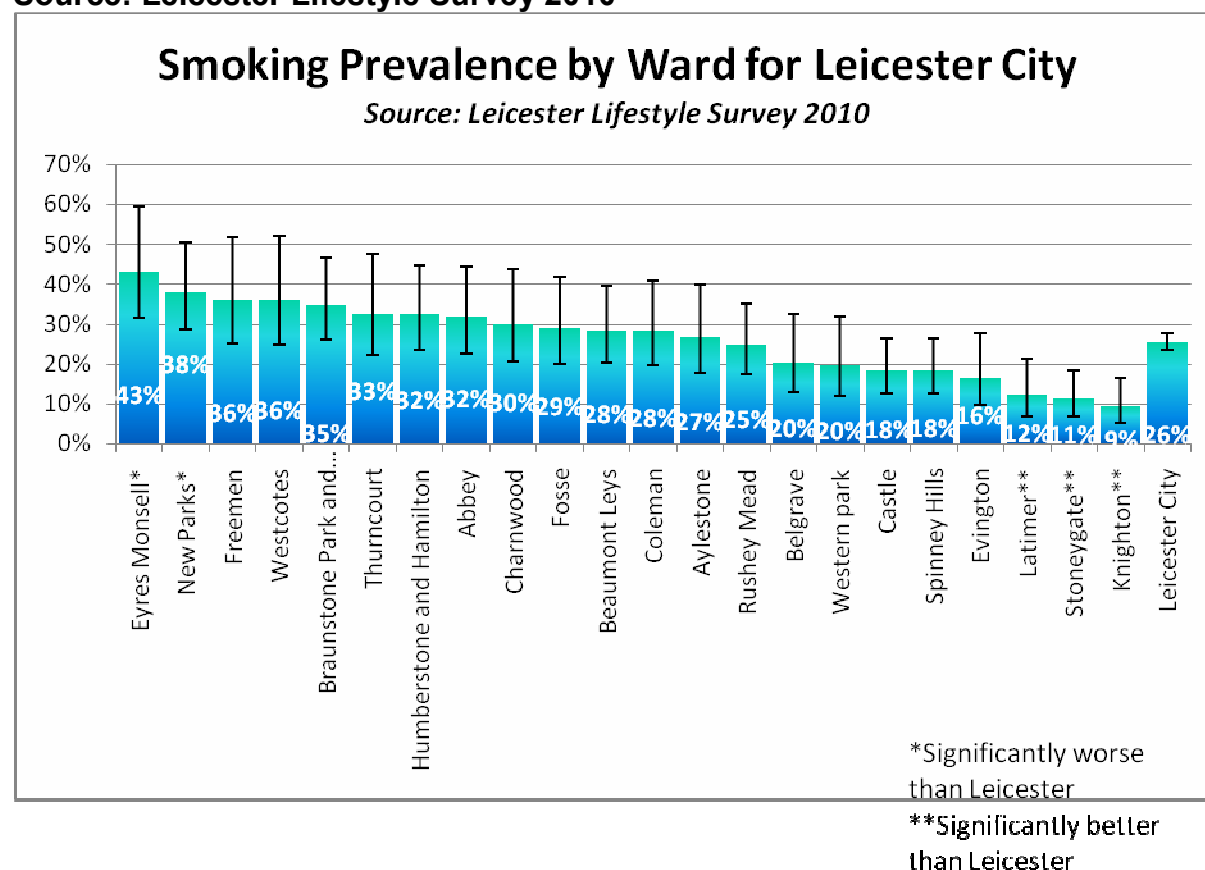
The prevalence of cigarette smoking in Leicester is, at 25%, slightly higher than the national rate of 22% found by the Health Survey for England 2008.

When other tobacco products, for example, cigars, a pipe, sheesha/hookah or bidi, are included the prevalence of smoking any tobacco substance increases to 27%.

Prevalence of smoking – any substance - varies by populations and the survey found:

- men (31%) were more likely to smoke than women (23%)
- age differences were less marked with the proportion smoking only decreasing after the age of 55 (29% of 16-54 year olds but only 21% of people aged over 55)
- white respondents (34%) were much more likely to smoke than those from Black and Minority Ethnic [BME] groups (14%), but no significant differences between minority ethnic groups. It is notable that, among South Asians, men were much more likely to smoke (16%) than women (only 2%). Leicester's deprivation profile suggests that its prevalence figure should be considerably higher than the national average, but this is counterbalanced by the high South Asian population in the city, which has much lower smoking rates
- smoking was highest in the most deprived quarter of the city (37%), compared with 26% in the next most deprived quarter and 20% elsewhere
- the highest rates of current smoking was reported in Eyres Monsell (43%), and New Parks (38%), the lowest in Knighton (9%), Stoneysgate (11%) and Latimer (12%) wards, reflecting the pattern of deprivation in the city (see figure 1)
- some 7% of the South Asian sample said that they used other tobacco products such as bidi, paan, sheesha/hookah. There was very little use of such substances in the white sample and none at all among black respondents

Figure 1: Smoking prevalence – all substances - by ward: Leicester
Source: Leicester Lifestyle Survey 2010



Quitting smoking

Two-thirds (65%) of those who currently smoke said that they wanted to quit smoking. Those most likely to say that they wanted to give up smoking were:

- younger people (74% of 16-24 year old smokers, compared with 48% of those aged 55 and over)
- ethnic minority smokers (76%, compared with 62% of white smokers)
- those living with children (73%, compared with 61% of those not living with children)

The most common reason given for wanting to quit was “better health”(84% of smokers). Included in this was the desire to reduce the risk of getting smoking-related illnesses (21%) and in some cases there was an existing health problem (17%).

The other main reasons were the cost (23%), influence or expectations of family and friends (23%), and the effect smoking would have on their children (17%).

Quit attempts and awareness of help to do so

A quarter (25%) of all respondents said that they had smoked cigarettes at some point but did not smoke nowadays.

Exactly three-quarters of current smokers had tried to quit smoking at some point. 80% had heard of the STOP! Smoking Service and a quarter (24%) of those aware had used STOP! in the past. Of those who had used the service, 81% were aware that they could use it again, if they resumed smoking.

Smoking in the home

74% of current smokers and non-smokers did not allow smoking anywhere in the home. 26% allowed smoking somewhere in the household, with 17% restricting it to certain parts of the home and one in ten (9%) allowing smoking anywhere.

Respondents were more likely to allow smoking anywhere in the home if they were smokers (27%, compared with just 2% of non-smokers), and those with poor mental well-being (17%, compared with 6% amongst those with good well-being).

The vast majority (93%) of respondents said they would be confident asking visitors not to smoke in their home, with 82% feeling very confident. Just 6% did not feel confident asking people not to smoke in their home.

Alcohol Consumption

Just over half (53%) of those interviewed in the survey said that they currently drink alcohol. 68% of the city's white, 30% of the black and minority ethnic (BME), and within that, 26% of the South Asian population, reported drinking alcohol. 47% of respondents reported that they do not drink alcohol, a higher proportion of non-drinkers than in England overall.^{2 1}

There were also marked differences by religion: around two-thirds of Christians drank alcohol, compared with 39% of Hindus and only 7% of Muslims.

Alcohol consumption also differed by levels of deprivation as well as by other health behaviours:

- Those living in the more affluent half of the city were more likely (57%) than those in more deprived areas (47%) currently drink alcohol (the term used in the survey was 'nowadays')
- Smokers (62%) were more likely to drink nowadays than non-smokers (49%)
- Those who had taken drugs in the last 12 months (78%) were more likely to drink alcohol than those who had not done so (51%)

Daily unit and weekly consumption

Just over a quarter of all respondents (27%) drank above the *daily* recommended maximum units on a typical day when they were drinking alcohol (see figure 2); 25% drank within recommended guidelines, and the remainder were non-drinkers. Men were more likely to drink above the threshold on a typical day when they have alcohol (32%) compared to women (23%).

Five percent of all respondents reported exceeding the *weekly* recommended maximum (see also figure 2) and men (7%) were more likely than women (2%) to consume above the weekly recommended limits.

² 10% of males and 18% of females are non-drinkers in England.

The difference between the proportion of the sample drinking in excess of the maximum recommended units on a daily and weekly basis suggests that some respondents engage in a pattern of 'binge' drinking. A commonly used definition of 'binge' drinking is double the recommended daily limits, so for men this is consuming more than eight units of alcohol in one day and for women, more than six units of alcohol in one day². National data suggests that around 22% of men and 22% of women¹ in England exceed the weekly maximum units.

When looking at ward level data, as per Figures 2 and 3, those wards with large BME populations, for example Spinney Hills and Latimer, have some of the lowest proportions of their populations exceeding the recommended limits.

Figure 2: Drinking more than the daily recommended units by ward (%)
Source: Leicester Lifestyle Survey 2010

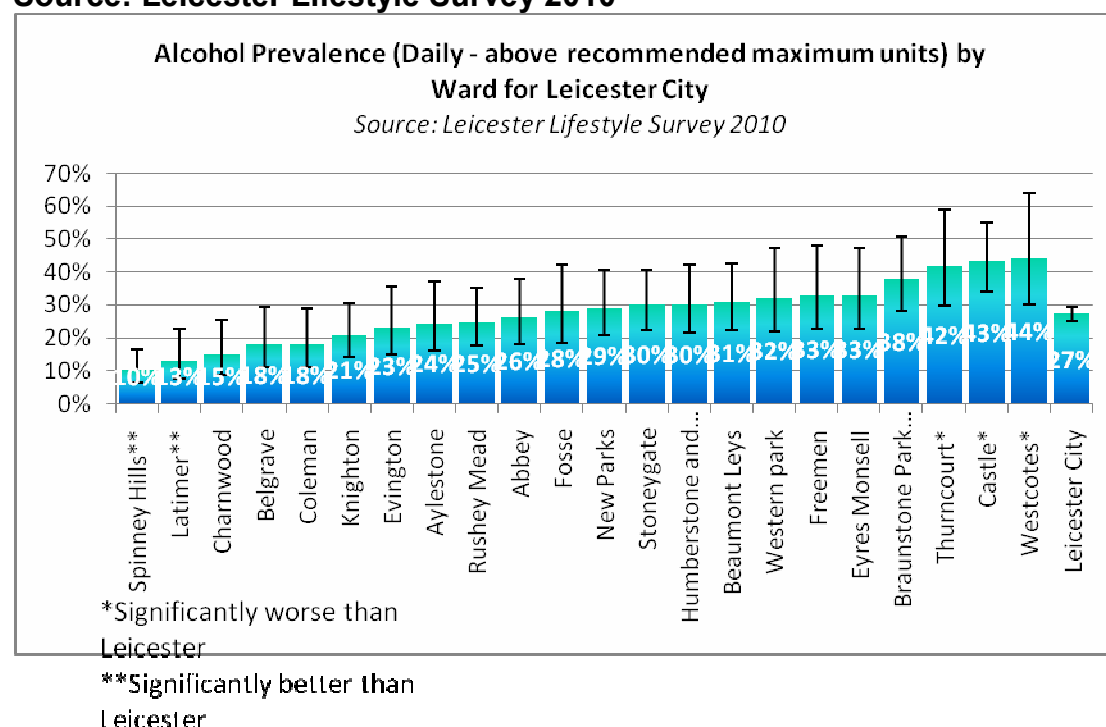
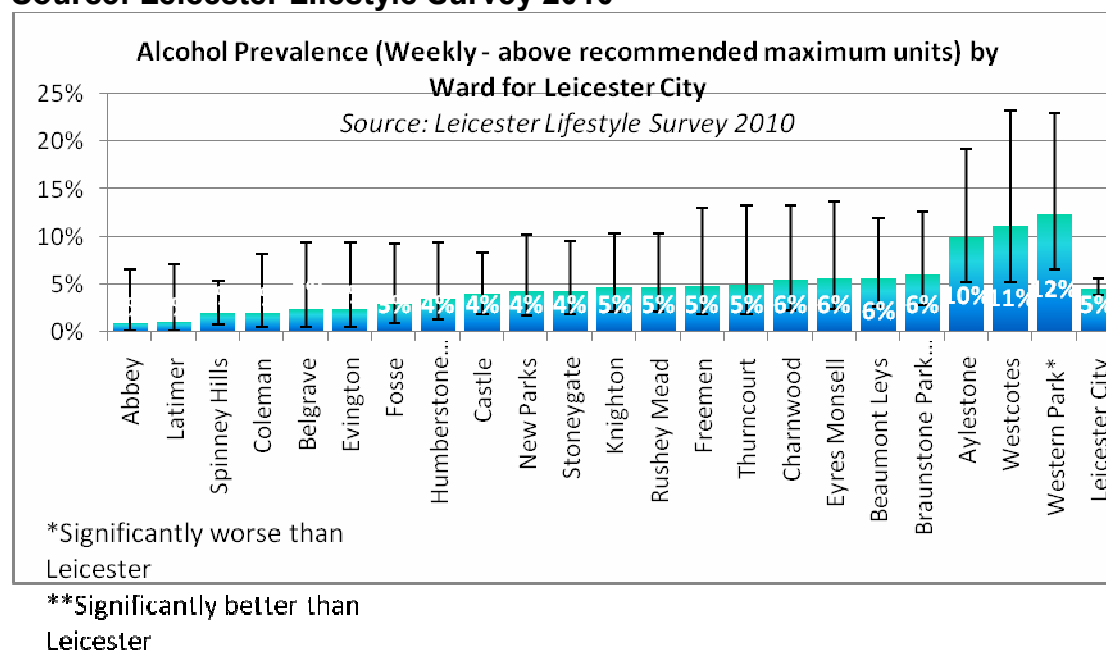


Figure 3: Drinking more than the weekly recommended units by ward (%)
Source: Leicester Lifestyle Survey 2010



Proportions exceeding the daily recommended limits are significantly higher in Westcotes (44%), Castle (43%) and Thurncourt (42%). Proportions exceeding the weekly recommended limits are statistically significantly higher than the city average in Western Park (12%).

Knowledge of alcohol units

Four-fifths (79%) were aware of units of alcohol as a measure of alcohol content. However only three in 10 men (29%) and a third of women (34%) were able to accurately identify the maximum daily recommended units.

Awareness of units was highest for men who were:

- white respondents (39%, compared with 18% of the ethnic minority sample, relatively few of whom actually drink alcohol), and
- those drinking above the maximum recommended weekly units (49%, compared with 27% of those drinking within the limits)
- Awareness of units was highest for women who were:
- younger (40% of 16-24 year old women, compared with only 8% of women aged 55 and over), and
- white respondents (46%, compared with 17% of ethnic minority respondents).
- Given that awareness of units is high amongst a group that exceeds recommended limits, this may suggest that it is difficult to move from awareness to a point of sufficient understanding and motivation which results in modification of drinking behaviour.

Willingness to change

Those who reported drinking above the maximum recommended weekly guidelines were more likely to be thinking about cutting down the amount of alcohol they consume than those who drink within the guidelines (32%, compared with 10%).

Drug-taking in the last 12 months

The vast majority of all respondents (93%) had not taken any illegal or proscribed drug on the list shown in the box below in the previous year.

List of Illegal or proscribed substances offered in the Lifestyle Survey Questionnaire

Amphetamines (speed, whizz, uppers, billy)
Cannabis (marijuana, grass, hash, ganja, blow, skunk, draw, weed, spliff)
Cocaine/coke
Crack/rock/stones
Ecstasy (E)
Heroin (smack, H, brown)
LSD/Acid
Magic Mushrooms
Methadone/physeptone (not prescribed by a doctor)
Semeron
Tranquillizers (Temazepam, valium, not prescribed by a doctor)
Amyl Nitrite (poppers)
Anabolic steroids (not prescribed by a doctor)
Glues, solvents, gas or aerosols to sniff or inhale
Ketamine (green, K, special K, super K, vitamin K)
Any other pills or powders not prescribed by a doctor, even if you didn't know what they were
Anything else you may have smoked when you didn't know what it was
Anything else you knew or thought was a drug (not prescribed by a doctor)

Six percent said that they had used at least one of the drugs on the list. Five percent reported taking cannabis, 2% cocaine and 1% Ecstasy. Men (9%, compared with 3% of women) and younger respondents (14% of those aged 16-24, compared with 5% of 25-54 year olds and less than 1% of those aged 55 and over) were more likely to have taken an illegal or proscribed drug.

The proportion that had taken any drug (6%) was lower than that reported on the 2008/9 British Crime Survey (BCS) (10%). The difference is at least partly explained by the ethnic profile of Leicester and the fact that the drug-taking section of the BCS was only asked of 16-59 year olds. However of the corresponding sample of the Leicester Lifestyle survey, i.e., those aged 16-59, 7% had taken drugs in the previous year, still lower than the BCS proportion.

Prevalence of drug use was consistently quite low at individual ward level, largely in line with the overall reported drug-taking levels across the city. However, there were a number of wards in which the prevalence of reported drug use was higher: Freeman (16%), Castle (11%), Westcotes (12%) and Stoneygate (12%).

Willingness to change

Respondents who had taken drugs in the last year (83%) were more likely than those who were non-drug-users (71%) to want to make a lifestyle change. The survey did not include questions to assess willingness or barriers to change amongst drug-takers.

Diet

Eating fruit and vegetables

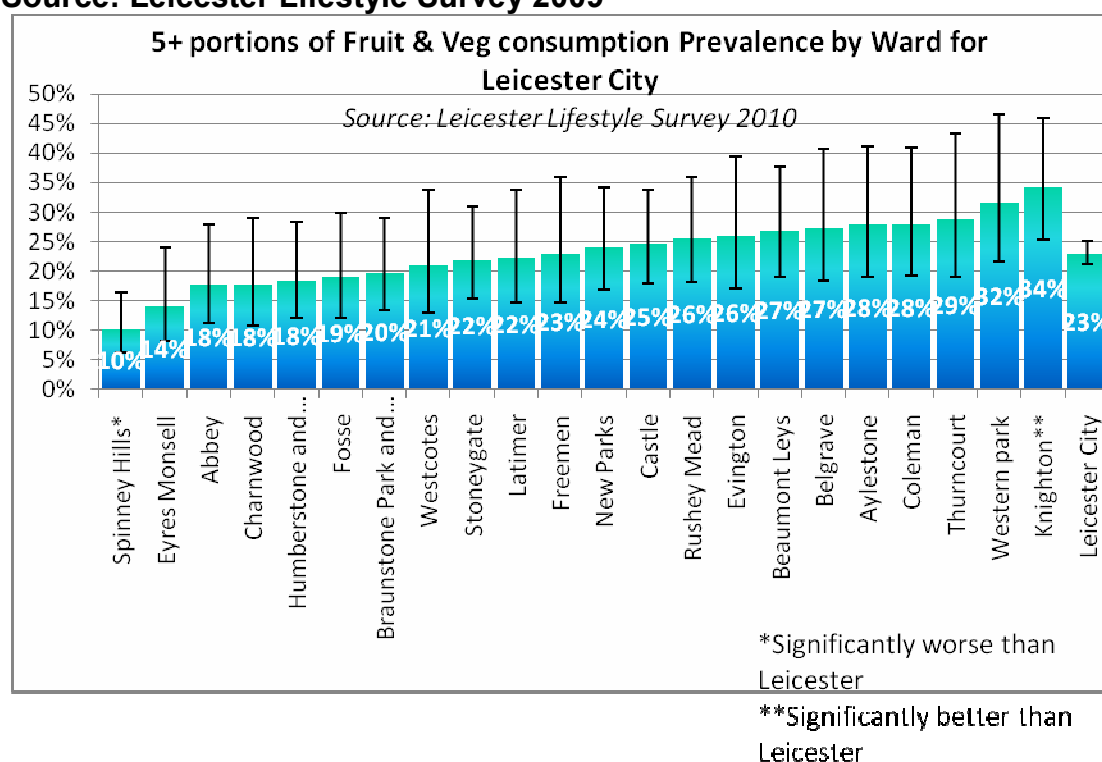
Almost a quarter (23%) of respondents reported eating the recommended five or more portions of fruit and vegetables a day. Over a third (37%) were eating three or four portions, with a further third (35%) eating one or two daily. Just 4% said they did not eat any fruit and vegetables. The average number of portions of fruit and vegetables consumed per person was 3.1 per day.

The proportion eating five or more portions of fruit and vegetables a day in Leicester (23%) is slightly lower than that reported on the 2008 Health Survey for England (HSE) (27%). However, this is not strictly comparable, as the HSE asked a large number of more detailed questions than the current survey to determine overall fruit and vegetable consumption.

72% of respondents correctly identified that the recommended daily intake of fruit and/or vegetables is five portions.

Figure 4 shows that 34% in Knighton said they ate five portions of fruit and vegetables a day, significantly higher than the Leicester average, while only 10% of those in Spinney Hills eat five or more portions of fruit and vegetables a day, which is significantly worse than the Leicester average.

Figure 4: 5-a-day prevalence by Ward for Leicester City
Source: Leicester Lifestyle Survey 2009



Willingness and barriers to change

26% of respondents said they wanted to eat more healthily. Those who ate fewer than five portions of fruit and vegetables a day (28%) were more likely than those who eat five-a-day (19%) to say they would think about eating more healthily in the next six months.

Barriers to healthy eating were financial issues (about 20%), including affordability, and “lack of will-power” (14%). Around 40% of respondent felt that there were no barriers to eating more healthily. There were fewer perceived barriers to healthy eating, than for increasing physical activity.

Physical Activity

46% of respondents reported that they undertook five or more sessions of 30 minutes physical activity per week, the recommended minimum amount of exercise a week. A further 18% said they took 3-4 sessions a week, 11% took one or two sessions and 23% said that they took no such exercise.

The findings, should be treated with caution, as it is much higher than that reported in the Active People’s Survey 3 for 2008/09, which found that 18% of adults (16 years plus) participate in sport and active recreation at moderate intensity for at least 30 minutes, on at least 12 days in the previous four weeks. Different questions, additional physical activity categories included and less focus on sport and recreation may account for these differences. The physical activity categories used in this survey are listed below.

List of activities generating faster breathing and heart rate, through physical exertion, included in the Lifestyle Survey 2010

Cycling
Swimming
Jogging/running
Sports (e.g. football, tennis, netball)
Exercise like aerobics, weights
Brisk walking (e.g. walking to work, walking to the shops, walking to school, hiking, rambling)
Dancing
Heavy gardening
Heavy work around the house (e.g. heavy housework, DIY)
Heavy manual work as part of your job
Other (specify)

There was no significant difference by ward of residence from the Leicester average for those reporting undertaking physical activity on at least three days a week.

Willingness and barriers to change

32% of respondents wanted to increase the amount of physical activity they take. Those who report that they already do physical activity for even 30 minutes once or twice a week were more likely than those who do not take any exercise to be thinking about increasing the amount of physical activity they take (40%, compared with 31%).

Barriers to increasing the amount of physical activity respondents take in the next six months were cited as being too busy or not having time (42%), ill-health (16%), and laziness (6%). 25% said “nothing” would stop them from increasing the amount of activity they take.

Sexual Health

All respondents aged 18 to 54 years were asked a number of questions relating to sexual health and findings below relate only to this age group.

Preferred access to sexual health services in Leicester

Three-quarters (77%) of those aged 18-54 indicated that their preferred method of access to sexual health services was via their own family doctor or GP. Seven percent said that they would like to access sexual health services via Contraceptive Services, and 5% said they would like to go to a separate service that provides both contraception and testing for sexually transmitted infections (STIs). Four percent said they would prefer to access these services through Genitourinary (GUM) clinics. Just 1% said they did not need to access sexual health services. Seven percent of the sample, including 9% of South Asians refused to answer this particular question.

Those aged 20-24 (5%) and 25-34 (8%) were more likely than those aged 35-54 (2%) to prefer accessing sexual health services through GUM clinics.

Use of condoms in the last 12 months

Two in five (41%) said that they had not used a condom in the past year but almost as many (38%) had used condoms to prevent pregnancy and 16% had used them to protect against HIV and other STIs.

Patterns of motivation for condom use by age group are shown in Table 2 below. In all ages condoms were more often used for contraception than to protect against STIs and HIV. Younger people and men rather than women were more likely to report using a condom. These results are consistent with national surveys³

Table 2: Proportions using condoms and reasons for such by age and/or sex
Source: Leicester Lifestyle Survey 2010

Age Group	Percentage using condoms	Percentage using condoms for contraception	Percentage using condoms for protection from HIV or STIs
All 16 +		38	16
16-24	57	46	34
25-34	50	28	20
35-54	31		6
Men overall	20		
Female Overall	14		

The top three reasons for not using a condom in the past year were being in a long-term relationship and only having one partner (35%), no sex in previous year (23%), or using a different method of contraception (14%).

53% of those who drink above the weekly recommended limits have not used condoms in the past year.

One person in seven (14%) refused to answer this particular question. Age and ethnicity seem to have had an impact here, as well as some positive health behaviours. Those most likely to refuse to answer this question were:

- Older respondents (18% of 35-54s, compared with 12% of those aged 16-24 and 11% of 25-34 year olds)
- Respondents from South Asian communities (22%, compared with 9% of the white sample and 11% of black respondents)

Mental Health

To determine views on positive mental health, respondents were assessed against a shortened version of the validated Warwick-Edinburgh Mental Well-Being Scale⁴.

The results showed that 13% of the sample reported good mental well-being, 76% were in the average group and 9% had poor mental well-being.

Poor mental well-being was reported in 11% of those living in most deprived quartile, compared with 6% in those from more affluent areas. Data by ward shows higher rates of poor mental well-being in Beaumont Leys (13%), Spinney Hills (14%) and Freeman (16%). These wards all have at least 31% of their respondents in the most deprived 10% nationally, when measured against the Indices of Multiple Deprivation 2007.

Multiple Risk Factors

Throughout the survey results, the findings pointed to the fact that risk factors for poor health and unhealthy behaviour are often shared by groups or populations. For example, those not undertaking regular exercise are more likely to: be female, older, living in a deprived area, report bad or very bad health, have a long-term, limiting condition, be a current smoker, eat less than three portions of fruit and vegetable a day and report poor mental wellbeing. Current smokers are more likely to report bad or very bad health, drink more than the recommended weekly units of alcohol, to have taken an illegal or proscribed drug in the last year, eat unhealthily, take no regular exercise and have poorer mental health.

The results indicate the importance of having more integrated interventions aimed at improving health behaviour and engaging communities, rather than parallel interventions for different issues such as alcohol, smoking, diet and physical activity, mental health and well being,

Recommendations

- The information in this report is used to inform efforts to improve the physical and mental health of people in Leicester
- Practical means of implementing integrated interventions aimed at improving health behaviour and engaging communities, are considered, where this suggests greatest benefit
- Steps are taken to increase awareness of the importance of not smoking and of moderate alcohol consumption, as key features of a healthy lifestyle
- Efforts to reduce smoking and its impacts, continue to be focused, targeting areas of highest smoking prevalence
- Understanding of the motivational issues which limit capacity to give up smoking, is deepened
- The dangers of non-cigarette-related tobacco use continue to be highlighted
- The steps to be taken locally to improve the understanding of alcohol content in drinks are considered, along with what these mean for health.
- Those groups in the population drinking in excess of recommended guidelines and most willing to change their behaviour, are targeted
- Further data analysis and research is conducted to determine the particular populations and factors involved in the high drug-taking prevalence in Freeman, Castle and Stonegate
- The information in this report is considered in conjunction with other dietary and healthy weight and obesity data, and that resource is targeted at groups and wards where obesity is most prevalent
- The provision of open access, integrated sexual health services in primary care is explored

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30 January 2011

References

¹ Deborah Lader & Matthew Steel. 2009. Opinions Survey Report No. 42 - *Drinking: adults' behaviour and knowledge in 2009 - A report on research using the National Statistics Opinions Survey*. London: NHS Information Centre for Health and Social Care

² Parliamentary Office of Science and Technology. Binge Drinking and Public Health. *Postnote*, 244, 1-4, July 2005. London: Parliamentary Office of Science and Technology

³ Office of National Statistics. 2009. *Opinions Survey Report No. 41 Contraception and Sexual Health, 2008/09*. London: Office of National Statistics

⁴ NHS Health Scotland, University of Warwick and University of Edinburgh. 2006. *Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)*. Edinburgh: NHS Health Scotland, University of Warwick and University of Edinburgh