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Population characteristics and data handling

2.1 Introduction

The Northern Ireland Health and Social Wellbeing Survey contains a rich database covering various aspects of health, enabling us to provide a comprehensive picture of the health of the population and health related behaviour.

This section details the main characteristics of the respondents which are pertinent to this report. The data analysed fell into four broad categories – demographic and social, socio-economic standing, health status and use of health services. The remainder of this chapter details how the data in these categories were handled.

2.2 Demographic and Social Characteristics

The Health and Wellbeing Survey collected a large amount of data relating to individual and household characteristics. Age and sex are obviously important determinants of the variation in health status and use of health services. Marital status and whether the person was living alone were also included, as was religious denomination, because of its local relevance. Seven age categories (16-24, 25-34...75+) were often used to describe the variations in health or service use; however, for clarity of presentation three age bands (16-44, 45-64, 65+) were used to describe the age-related variations in socio-economic standing and in the multiple regression modelling.

The marital status of respondents has generally been grouped into three categories:

Single;

Married or cohabiting;

Separated, divorced or widowed

Of the total respondents 26.2% were single, 59% were married or cohabiting and 14.8% were separated, divorced or widowed. Due to the relatively small numbers in the latter category, those people who were separated, divorced or widowed were generally

examined together, though occasionally widowed and separated/divorced were examined separately.

Respondents were asked about their current religious affiliation, and which denomination they had been brought up in. The 10% of respondents who did not complete the first of these questions were categorised according to the religion in which they were raised. Based on full or proxy responses the breakdown of the denomination category was as follows:

Religion	No	%
Catholic	2019	43.1
Protestant denominations		
Presbyterian	1097	23.4
Church of Ireland	894	19.1
Methodist	221	4.7
Baptist	73	1.6
Free Presbyterian	40	0.9
Brethren	33	0.7
Protestant – not specified	272	6.8
Total – usable	4649	99.2
Missing	39	0.8
Total	4688	100.0

Religious affiliation was then divided into broad two categories ‘Catholic’ and ‘Protestant’.

2.3 Socio-economic Status

Social class

The social (occupational) class of the respondents was obtained from details of their current job if employed; their most recent job, if unemployed, or if retired, what had been their main job. The standard OPCS classification gives six social class groups: I, II, III non-manual, III manual, IV and V, however because of small numbers associated with some tables it was often necessary to aggregate them into non-manual and manual categories with 43.6% and 48.5% falling into these categories respectively.

Education

Respondents were asked to indicate their highest educational qualification from a checklist. In the report these were grouped into two categories as follows:

- any educational qualification
- no educational qualifications.

60.1% of respondents had some type of educational qualification while 39.7% had no educational qualification.

Tenure

Respondents were asked about their type of accommodation and for analysis purposes their responses were grouped into two categories of housing tenure

- Owner occupied –living in homes either owned outright or being bought by mortgage or loan
- Renting –living in homes rented for example from local authority, privately or from a housing association

71.9% of respondents were living in owner occupied accommodation while 28.1% were living in rented accommodation.

Car Availability

Respondents were also asked whether or not they had access to a car or van and if so, the number available. (Respondents and households did not have to own these vehicles.) Almost 77% of respondents had access to a car while 23% had no car available to them.

Household Income

The survey also captured data relating to gross annual household income. Income from all sources was assessed, including earned income, pensions, benefits, allowances, interest or annuities etc., with deductions for taxes, national insurance contributions, etc. However, gross income should be related to the household size specifically the number and age of the dependants. Thus for each household an equivalentised income was computed. This means estimating a weight for each household member, e.g. 1.0 for head of household, 0.59 for their spouse and 0.5 for children (the weighting for children

varied according to age¹). From these calculations five categories were constructed ranging from wealthiest to poorest. Approximately one fifth of respondents fell into each category with the exception of the poorest category, which comprised 11% of respondents.

2.4 Area Characteristics

A person's health status and their use of services may be determined or influenced by where they live as much by their own personal circumstances. For example, the use of some services may be lower in rural areas where accessibility to those services is reduced. Alternatively, people who are less-well-off may have a poorer perception of their health if they are living in a more affluent area where their relative disadvantage is more apparent. The only available indicator of this type in the survey itself was the Health and Social Services Board in which the respondent lived. It was however possible to ascribe area characteristics at a much finer geographical level to each individual household by using the postcode to place the household within an electoral ward. This approach makes the assumption that everyone within an electoral ward has the characteristics of that ward; this is known as the ecological fallacy. However, it is useful in that it enables us to examine if the characteristics of the area in which an individual lives adds any further explanation of health status or service uptake above and beyond that afforded through an understanding of their individual circumstances.

Two area characteristics were used in this study. The first was the Carstairs Index² of Deprivation, which is very closely related to the Townsend index³. The second was a measure of urban/rural living. The Carstairs Index of Deprivation is a composite of four equally weighted census variables,

1. The proportion of persons living in private households which have more than one person per room.
2. The proportion of men who are unemployed.
3. The proportion of persons in households where the head of household is in social class 4 or 5.

¹ For details see Davies, H., Joshi, H., and Clarke, L. Is it cash the deprived are short of? (1997). *J R Statist Soc.* 160, 107-26.

² Carstairs V., Morris R. Deprivation and health in Scotland. Aberdeen: Aberdeen University Press 1999.

4. The proportion of all persons in private households with no car.

It is a widely used indicator of disadvantage at an area level and has been shown to be related to health status and service use.

The measure of rurality was developed by researchers in Lancaster⁴ and is a statistical combination of variables such as distance from large conurbations, population density and the percentage of people employed in agricultural occupations. For both of these variables five categories (most affluent to most disadvantaged, and most rural to most urban) were constructed so that approximately one fifth of the total Northern Ireland population was assigned to each. To maintain respondent confidentiality researchers at QUB only knew in which of these five categories the respondents lived, they did not have data associating respondents with individual electoral wards. Sometimes for presentational purposes these categories are collapsed into three categories, for example more affluent, average and more deprived for Carstairs and urban, average and rural for the measure of urban/rural living.

2.5 Health Measures

The Health and Wellbeing Survey also measures and assesses the different aspects of the health of the population of Northern Ireland in a variety of different ways. This report focuses on (i) the self-perceptions of health including questions relating to general health, the presence of limiting long-standing illness and the presence of disability. (ii) the GHQ12 (General Health Questionnaire) which measures psychological morbidity in the general population and (iii) the SF36 (Short Form 36) which measures eight different aspects (dimensions) of general health. In order to minimise the amount of possible duress on respondents, the SF36 and GHQ12 were administered to different halves of the survey population. However, this limited the analysis that could be undertaken principally due to the problems of smaller numbers but also because the responses to both health measures could not be compared.

The question on general health is identical to one that has been proposed for inclusion in the forthcoming 2001 census; the longstanding illness question has been asked in the

³Townsend P., Philmore P., Beattie A. Health and deprivation: Inequalities and the North London: Croom Helm 1988.

⁴Price Waterhouse Statistical research into the effects of rurality on the Capitation formula: Final Report. A report to the Department of Health & Social Services (NI) Belfast 1998.

Continuous Household Survey and parallels the limiting longterm illness question asked in the 1991 census. The longstanding illness question was asked in two stages; first the respondents were asked if they had any long standing illness, disability or infirmity, by 'long standing' meaning anything that had troubled them over a period of time or was likely to affect them over a period of time. If the response was affirmative, they were subsequently asked if this illness or disability limited their activities in any way. The general health question asked respondents 'over the last twelve months would you say your health has on the whole been..' 'good', 'fairly good' or 'poor'. Generally all three responses were described but occasionally, where the numbers were small, the three categories were contracted to two by combining 'fairly good' and 'poor'.

Self Perception of Health

Respondents were asked about perceptions of their own general health, and about the presence of a limiting longstanding illness or any disabilities. These health measures provide valuable indicators of the general health of the population and are known to be strongly linked to the use of services. However a degree of caution is required; data based on self-assessments of health may not be completely reliable due to variations in the interpretation of the question or the readiness to report poor health. Responses to questions depend to some extent on attitudes and expectations, which are likely to vary throughout the population. Hence differing interpretations of what constitutes 'good health' or whether certain conditions represent a limiting longstanding illness are to be expected. Alternatively, some illnesses may be underreported due to a reluctance to reveal information to a lay interviewer and, finally, respondents may not be aware of their condition. Nevertheless, obtaining respondents' self assessments of their health is valuable as it provides information about the health of the whole population, and therefore extends the picture that can be obtained from hospital records or a doctors examination. In addition, it is thought that self perception of health may indicate potential demand for health services.

General Health Questionnaire (GHQ)

The GHQ is the most widely used population measure of psychological disturbance in the United Kingdom. It was developed in England in the 1960s and 1970s and was intended for use in the setting of general practice. In the Northern Ireland Health and Social Wellbeing Survey the 12-item form (GHQ12) was used, which is more suitable

for use with older and more frail people. The GHQ is a self-completion questionnaire which concentrates on the broader components of psychological morbidity especially anxiety and depression. Each of the twelve items has four possible answers; the positive (e.g. better than or about the same as usual) are given a score of 0 and the negative responses (e.g. doing less well or much less well than usual) are given a score of 1. A maximum score of 12 is possible for each individual. A low score represents low probability of psychological morbidity whereas a high score indicates probable psychological disturbance. In addition to this overall score it is also possible to derive a measure of “caseness” that is individuals with a score above a certain threshold who would correspond to the average case referred to a psychiatrist. This is not to say that all respondents above this threshold have a psychological illness, as there will be some that have a high GHQ score but who do not have a psychological illness. This is known as a false positive. However, on average, patients with scores above this level would equate to the patients seen by psychiatrists. There is no agreed GHQ score which is to be used as a threshold for “caseness” and the threshold will vary a little from survey to survey. On the advice of local experts a score of 3 or over was used to define “caseness” in this report and reference to respondents with a ‘high’ GHQ12 score means scores at or above this threshold. This cut-off was chosen as balance between indicating the presence of probable psychiatric morbidity in the general population and yet providing sufficient numbers to make any analysis meaningful. In the English and Scottish health surveys a threshold of 4 or above was used. When comparing the Northern Ireland and English and Scottish levels a similar cut-off point was used.

Short Form 36 (SF-36)

This instrument was derived from a much longer set of questions used in the Medical Outcome Study in America. It has been adapted from the American version for use in the United Kingdom and has been repeatedly shown to be a valid and reliable instrument for measuring general health in a wide variety of settings from assessing the outcomes of clinical interventions to measuring population health. (More recently a slightly amended United Kingdom version has been introduced, which has been shown to have slightly improved reliability and probably greater responsiveness to change in population health over time. However, this was not used in time for the Northern Ireland Health and Social Wellbeing Survey).

The SF36 is a self-completion instrument of thirty-five questions that measure eight dimensions of health, which are:

- Physical Functioning
- Role Limitation – physical
- Bodily Pain
- General Health
- Energy and Vitality
- Social Functioning
- Role Limitation – emotional
- Mental Health

A thirty-sixth question asked respondents about changes in health over the last year. More recent work has suggested that the essentials of these eight dimensions can be described by two summary measures; the physical component summary comprises the first four dimensions in the list above and the mental component summary consists of the last four dimensions. Scores for each dimension range from 0 (for worst health) to 100 (for best possible health).

2.6 Use of health services

This section examines the use of different types of health services in Northern Ireland and the demographic, social, socio-economic and area factors that are associated with variations in this utilisation. The services examined are GP consultation, outpatient visits and inpatient stays. The first part of the section describes the variations as service use according to the different societal characteristics; the final part considers all of these factors together in the form of a multiple regression model. This has been done to try and unravel, from the multiplicity of associations, which are the pre-eminent factors that are related to utilisation. For example, we know from previous work that lower socio-economic status is associated with poorer health and a greater use of services is to therefore be expected, but does socio-economic status still have a bearing on service use once health differences have been taken into account? It might for example be that for a given level of health status that those with greater socio-economic disadvantage receive a lower level of service.

Inpatient stays were defined as staying in hospital overnight or longer, and outpatient visits included attendance at either casualty or an outpatient department. In the survey respondents were asked about the use of these services within the preceding year. Questions relating to GP consultations were more detailed but data relating to consultations within the last year were derived from the question asking about the time of the last GP consultation.

Clearly the accuracy of the data depends on respondents' recall, for example events may be forgotten and the timing of events may be misreported. Nevertheless the information provided by these questions is valuable as it provides a picture of the variations in the uptake of these services and the characteristics of the population who use them. A further caveat must be added to these data in that they do not provide any information as to why a consultation took place. Consequently a range of disparate clinical reasons (for example an emergency medical consultation, an antenatal visit, a routine health check, pre-holiday vaccinations etc) will all be treated equally when the data are analysed. Respondents were also asked how far (in terms of travel time) they lived from this GP, and it was therefore possible to see if consultation rates were affected by the proximity to this service.

3

Social and socio-economic indicators: distribution in society and inter-relationships

SUMMARY

- For many of the indications of deprivation and disadvantage men appeared better off than women.
- Increasing age was generally associated with an increase in prevalence of indicators of disadvantage and poverty, however some of these indicators such as social class and educational status may indicate shifts in the population norm over time.
- There was a greater proportion of Catholics in the younger age groups and a greater proportion of Protestants amongst the elderly. For a wide range of socio-economic indicators Catholics appeared more deprived than their Protestant peers. These differences were more marked at older ages.
- Household income (adjusted for the number and age of dependants) was closely associated with other indicators of disadvantage, especially car availability and tenure. The more affluent households tended to live in areas that were neither very rural nor very urban.
- Many of the indicators of socio-economic status showed that there were higher levels of disadvantage at both ends of the urban/rural spectrum. Area of residence also influenced the expression of disadvantage, for example, people in the poorest income band who lived in the most rural areas tended to own their own house and car, whereas in urban areas people in the equivalent income bands tended not to have a car and to rent their accommodation.
- There was general agreement between area and household indicators of disadvantage, however all areas contained a mixture of affluent and deprived people and targeting only deprived areas will therefore miss out significant numbers of deprived people who live in more affluent areas.
- Multiple deprivation was more common amongst the elderly and amongst women.

3.1 Introduction

This section describes the demographic, social and socio-economic characteristics of the respondents. The variation in socio-economic standing by age and sex are also presented as well as the inter-relationship between the different measures of disadvantage and the association between area characteristics and individual circumstances.

The total number of respondents over the age of 16 eligible for interview was 5097, however the actual number of responses was 4688, (the short fall was due to refusals or non contacts). The age distribution of all respondents over 16 are presented in Table 3.1

3.2 Inter-relationships between selected variables

Gender, Social and Socio-Economic Factors

Table 3.2 shows the distribution of social and socio-economic factors by age and sex. These data have been re-weighted so as to more closely reflect the general population in Northern Ireland. There was a slight excess of men below the age of 65 and a greater proportion of women in older age groups. Men were more likely than women to be single in each age group, with the exception of the over 75s where a higher proportion of women were single. Conversely women under 65 were more likely to be separated or divorced but at older ages the prevalence was higher in men. Men have generally higher mortality rates than women and, combined with the tendency for women to marry men older than themselves, it was therefore not surprising to find that there was a greater proportion of widows than widowers, a difference that increased with age. Women were also more likely to live in single person households, though this was really only marked at the oldest age group.

The proportion of men in the manual social classes remained at approximately 65% throughout the age spectrum and was consistently greater than the equivalent proportion of women. However, older women were more likely than younger women to be in a manual social class so that the difference between the sexes reduced as age increased. The relationship between age and social class is complex and probably represents a combination of cohort effects (the tendency for people to rise in social standing as they get older through promotion, qualification or marriage) and period effects (such as the increasing tendency for women to stay in employment). In addition the decline in

heavy industry in the UK over the last 30 years has also resulted in a large shift from lower to middle social class categories.

The majority of respondents had attained some level of educational qualification, had access to a car and owned their own homes. Relationships between these indicators and age were evident. 76.5% of those in the younger age bands had an educational qualification while almost 70% of those in the older age bands did not. Car availability was also more common in the lower age groups, with only 45.5% of the over 75s having access to a car. The greatest proportion of respondents in owner occupied homes were in the 45-64 age group. There was an increase in the proportion of older people renting their homes. Household income was also related to age. The greatest proportion of those in the youngest age group fell into the middle income category, while the majority of 45-64 year olds were in the middle to high income categories. Increasing age was associated with reduced wealth so that the majority of over 75 year olds were in the lowest income category.

For many of the indicators of disadvantage men appeared to be better off than women. For example, women were more likely to rent rather than own their own accommodation, this was especially evident among younger age groups. A greater proportion of women did not have access to a car especially in the 16-44 and the 65+ age groups. Older women were less likely to have an academic qualification though current school leavers appear to be reversing this trend.

Women were also more likely to have lower incomes than men. There were greater proportions of men than women in the highest earning categories especially among younger age groups. However, after retirement the distribution of income across the sexes became more equal. Similarly, a higher proportion of younger men than women were living in affluent areas according to Carstairs Deprivation Index, though at the middle to older age groups this trend was not so apparent. It is difficult to discern any pattern between urban/rural character of this area of residence and the demographics of the respondents though it could be argued that there was a slightly greater proportion of women in urban areas and at the youngest ages, a slightly greater proportion of men resided in the most rural areas.

Denomination and socio-economic conditions.

Table 3.3 shows the differences in social and socio-economic measures between the two communities. The Catholic population had a younger age structure compared to the Protestant community with 10% more of its population in the 16-44 year age band and 10% fewer in the over 65 age groups. There was little discernable difference between the two denominations in terms of those separated or divorced, though widowhood was more common amongst Catholics. The proportions of each community living alone were also quite similar.

The Catholic population was generally more deprived than their Protestant peers. The proportion classified as being in manual classes increased with age in both communities however at all ages, the proportion of Catholics so classified was greater than for Protestants, the difference being greatest at the oldest ages. The proportion of Catholics in rented accommodation or in the lowest income bands was greater than that of Protestants, the largest differences arising at the youngest age groups. Catholics were also more likely to have no academic qualifications though the differences at younger ages were not large. A greater proportion of Catholics did not have access to a car. There was a slightly greater proportion of Protestants in the most urban areas with twice as many Catholics residing in the most rural areas. Catholics were between three and four times as likely to be living in the most deprived areas of Northern Ireland.

Household income and other indicators of disadvantage

The relationship between household income (adjusted for the number and type of dependants) and other indicators of disadvantage are shown in table 3.4. There was a clear relationship between increasing household poverty and the proportion of those classified in the manual social class and those without academic qualifications. The steepest gradients (strongest relationships) were seen in the proportions without access to a car or renting their accommodation, which adds further justification to the inclusion of these measures in various indicators of deprivation at an area level. Poorer households were more likely to comprise single households and people who were widowed, separated or divorced. For example, the proportion of those in the bottom three income bands who were either living alone or widowed, separated or divorced was two to three times that of the top two income bands. There was a clear relationship between household income and place of residence. About one in four of those with

incomes in the lowest two income bands lived in the most deprived areas compared to approximately one in ten of those in the most wealthy income group. The lower the household income the greater the likelihood of living in either a most urban or most rural area. More affluent households tended to live in areas that were less obviously “town or country”.

Social class and disadvantage

Table 3.5 demonstrates that social class showed the same general relationship with other indicators of disadvantage, as did income. As expected being a member of a lower social class was associated with an increased prevalence of disadvantage. However, there were subtle differences in the relationship between social class and income. There was a steeper gradient (stronger association) between tenure and car availability across income bands than across social class groupings while the reverse was true for presence of academic qualifications. This seems intuitively correct as the ability to buy a house or a car is obviously linked to income while one’s social (occupational) class may be determined to a large extent by the level of academic attainment. The relationship between lone person household and social class was much less clear than it was with income. There was a greater proportion of those in the lower social class living in areas classified as deprived and also in more urban areas. However, unlike the income bandings there was little association between social class and the inclination to rural dwelling. This may truly be the case or it might also have arisen because of how those in the agricultural industry are classified within the social class system.

Urban/rural character of Area of residence and indicators of disadvantaged

The electoral wards in Northern Ireland were divided into five groups (from most urban to most rural) so that approximately one fifth of the N. Ireland population (at the time of the Census) fell into each. Table 3.6 shows how the socio-economic characteristics of these areas varied. The proportion of those who were separated, or divorced was slightly higher in the most urban areas, and there was an association between increasing urbanisation and an increasing proportion of single person households. Overall the religious breakdown in urban areas reflected that of the general Northern Ireland population but more rural areas had a greater proportion of Catholics.

Most of the individual or household socio-economic indicators suggested that there were higher levels of disadvantage at both ends of the urban/rural spectrum, with residents in the “average” areas being better off. This relationship was most clearly seen when looking at the indicators for low income, manual class and no academic qualifications. However, the indicators of renting or without access to a car were more clearly associated with urban dwelling and a greater proportion of urban areas were defined as being deprived (according to the Carstairs Index). The latter is not too surprising when it is recalled that two of the four variables used to classify areas as deprived or affluent were social class and car availability.

Tables 3.7 and 3.8 examine the relationship between rural dwelling and tenure and car availability having first stratified by household income. These tables show that irrespective of area of residence low income families were more likely to rent rather than own their own accommodation and were less likely to have access to a car. However, within income bands there was a clear association between rural residence and household ownership and car availability i.e. in urban areas those on the lowest incomes tended to rent and not to have access to a car, while in rural areas the equivalent families were more likely to own their own homes and to have a car. These findings may be related to the availability of rented accommodation in urban areas and the necessity of having a car in rural areas to overcome problems of accessibility.

Areas and household measures of disadvantage

Table 3.9 (a) describes the social and socio-economic characteristics of individual respondents grouped according to the degree of affluence or deprivation of their area of residence. Deprived areas were associated with higher proportions of separated, widowed or divorced people and with higher proportions of single person household. The most affluent areas were predominantly Protestant (85.4%) while in deprived areas there was a predominance of Catholics (66.6%). There was the expected association between the area affluence/deprivation classification and the socio-economic characteristics of the residents of those areas even for indicators such as no qualifications and low income which were not used to classify the areas. A greater proportion of the most deprived electoral wards were in urban areas though the more affluent wards were not in the most rural areas. (see table 3.9(b)).

Table 3.9(c) looks similar to the previous table but addresses a different research and policy question. Where are the various types of people to be found? This is of particular relevance when area deprivation scores are used to target resources. In this table each of the separate rows add to 100%. Thus it can be seen that each area deprivation category contained about 20% of the total population. As expected disadvantaged households were more commonly found in more deprived areas though the extent to which this occurs varied with the measure of disadvantage. For example, the deprived and most deprived areas contained 63.2% of people who rent but only 39.8% of lone person households. However, even the most affluent areas contained significant proportions of households that were disadvantaged. Targeting only deprived areas will therefore miss a large number of people who are equally disadvantaged but who do not live in those areas, for example, more than half of the lowest income households resided in areas other than those classified as deprived or as most deprived.

Multiple deprivation

Most of the investigation and discussion surrounding socio-economic factors has so far considered each measure of disadvantage in isolation. However, many people experience different forms of disadvantage simultaneously and, as will be shown in later chapters, each additional measure of disadvantage further increases the likelihood of ill health. Here the extent and distribution of multiple disadvantage by age and sex is illustrated in table 3.10. Four measures of disadvantage have been used. These were being in a manual social class, renting accommodation, no car availability and no academic qualifications. For each respondent a simple count of the number of these factors present was made giving a range from 0 to 4.

28.7% of respondents had no disadvantage (as measured by these four indicators). 46.2% of the population were experiencing multiple disadvantage i.e. the presence of two or more indicators of disadvantage and 8.2% had all four indicators. Multiple disadvantage was associated with old age, 67.1% of those aged over 65 had multiple disadvantage compared to 37.8% of those aged 16-44. 18.9% of over 65 year old and 4.9% of 16-44 year old had all four indicators. A greater proportion of women than men were multiply disadvantaged and the gender differences increased with increasing age, for example, one in five women and one in seven men over the age 65 were multiply disadvantaged.

Table 3.1 Survey respondents by age and sex

		16-24	25-34	35-44	45-54	55-64	65-74	75+	Base
Men	%	17.1	18.1	18.0	17.1	12.6	10.6	6.6	2105
Women	%	16.0	18.9	18.0	15.5	11.1	11.7	8.8	2583
All Adults	%	16.5	18.5	18.0	16.2	11.8	11.2	7.8	4688

Table 3.2 Distribution of social and socio-economic factors by age and sex *

		Men			Women		
		16-44	45-64	65+	16-44	45-64	65+
Total population	%	53.2	28.9	17.9	52.8	26.2	20.9
Separated/divorced	%	3.0	6.4	4.5	9.0	8.0	1.8
Widowed	%	0.0	3.3	19.2	0.5	11.5	48.0
Lone person	%	5.6	10.7	27.7	4.2	12.1	44.1
SC manual	%	60.5	60.4	62.8	40.4	49.2	55.2
No qualification	%	24.1	45.5	59.1	23.1	53.3	77.4
Renting	%	26.9	17.3	32.0	34.0	21.9	32.8
No car	%	15.2	14.5	32.5	32.9	20.2	49.4
Poorest income category	%	30.6	28.1	46.5	35.6	31.6	46.6
Most deprived area	%	17.2	16.7	18.9	19.5	17.5	18.5
Most urban area	%	18.7	15.8	19.5	20.3	18.4	21.8
Most rural area	%	20.8	20.8	18.4	18.2	20.0	19.2

* Numbers relate to the percentage in each age band with a particular social or socio-economic characteristic

Table 3.3 Distribution of social and socio-economic factors by age and denomination*

		Catholic			Protestant		
		16-44	45-64	65+	16-44	45-64	65+
Total population	%	58.6	27.5	13.9	49.5	27.5	23.2
Separated/divorced	%	6.7	7.2	3.6	6.0	7.3	2.9
Widowed	%	0.3	9.0	39.8	0.3	6.7	35.0
Lone person	%	4.7	11.8	37.5	4.9	11.4	37.5
SC manual	%	51.8	58.7	69.8	47.8	52.2	54.5
No qualification	%	25.4	55.4	76.2	22.4	46.3	67.5
Renting	%	36.3	23.1	36.7	26.9	17.6	31.1
No car	%	23.7	17.5	47.0	15.5	17.5	40.8
Poorest income category	%	20.6	14.9	11.2	10.5	5.8	3.5
Most deprived area	%	30.4	28.5	39.6	9.7	10.0	10.8
Most urban area	%	18.6	16.0	19.1	20.3	17.7	21.5
Most rural area	%	26.2	29.3	31.9	14.5	14.8	13.9

Table 3.4 Distribution of social and socio-economic factors by household income*

		Wealthiest	Wealthy	Average	Poor	Poorest
Separated/divorced	%	2.8	2.7	5.2	9.0	12.8
Widowed	%	4.0	4.9	14.6	14.4	4.7
Lone person	%	8.4	6.3	18.4	20.9	7.9
RC	%	32.0	34.4	35.3	41.8	59.5
SC manual	%	26.9	43.5	62.0	71.2	65.5
No qualification	%	13.4	27.8	49.3	59.4	49.8
Renting	%	5.0	8.5	36.0	45.7	58.1
No car	%	1.6	8.1	28.7	41.5	41.2
Most deprived area	%	7.6	15.5	19.5	23.4	28.0
Most urban area	%	13.8	16.0	21.7	22.8	26.6
Most rural area	%	12.9	17.9	21.1	22.8	22.7

* Numbers relate to the percentage in each age band with a particular social or socio-economic characteristic

Table 3.5 Distribution of social and socio-economic factors by social class *

		SC I	SC II	SC III _{nm}	SC III _m	SC IV	SC V
Separated/divorced	%	2.0	5.6	4.3	6.0	8.2	7.5
Widowed	%	6.6	7.4	7.9	8.4	10.9	12.6
Lone person	%	17.2	13.0	10.4	14.8	13.8	16.2
RC		30.3	37.3	34.7	38.8	41.8	40.6
No qualification	%	4.6	22.2	19.2	46.1	56.3	74.8
Renting	%	14.6	8.0	19.7	28.9	41.7	47.5
No car	%	7.9	7.0	16.6	21.3	34.8	42.5
Poorest income category	%	7.7	15.5	25.0	38.6	47.7	46.9
In most deprived area	%	6.7	8.0	13.0	20.6	24.3	31.7
In most rural area	%	13.9	19.6	14.8	23.4	19.0	15.9
In most urban area	%	15.9	11.6	20.7	18.2	20.4	25.7

Table 3.6 Distribution of social and socio-economic factors by area of residence *

		Most urban	Urban	Average	Rural	Most rural
Separated/divorced	%	8.3	6.6	6.8	4.0	3.9
Widowed	%	10.7	7.8	9.0	8.8	10.3
Lone person	%	17.4	13.3	12.4	10.3	11.9
RC	%	36.7	36.3	25.2	42.3	55.3
SC manual	%	55.6	48.8	48.0	53.4	58.6
No qualification	%	42.7	36.3	36.1	38.2	45.8
Renting	%	40.9	29.3	23.4	20.8	27.2
No car	%	38.5	26.0	19.8	15.1	17.1
Poorest income category	%	42.9	31.2	27.4	32.5	41.3
Most deprived area	%	33.0	17.7	15.0	13.5	12.1

* Numbers relate to the percentage in each age band with a particular social or socio-economic characteristic

Table 3.7 Proportion of households who are renting by income band and area of residence

Income Category		Area of Residence					
		Most Urban	Urban	Average	Rural	Most Rural	All NI
		%	%	%	%	%	%
Lowest	Tenure renting	62.3	53.3	49.2	42.2	40.8	49.9
Middle	renting	32.6	23.4	23.2	14.8	19.6	22.6
Highest	renting	3.8	7.7	2.2	5.3	6.5	4.9

Table 3.8 Proportion of households without a car by income band and area of residence

Income Category		Area of Residence					
		Most Urban	Urban	Average	Rural	Most Rural	All NI
		%	%	%	%	%	%
Lowest	Car available No	59.9	49.5	42.6	31.1	23.2	41.4
Middle	No	29.3	22.5	18.0	10.7	13.0	18.6
Highest	No	1.5	0.0	2.6	1.0	2.4	1.5

Table 3.9(a) Distribution of social and socio-economic factors by Carstairs category of deprivation *

		Most affluent	Affluent	Average	Deprived	Most deprived
Separated/divorced	%	4.0	4.0	5.8	6.8	9.3
Widowed	%	7.9	8.7	9.0	9.0	12.2
Lone person	%	11.3	12.7	13.1	11.6	16.6
RC	%	14.5	26.7	39.5	53.7	66.6
SC manual	%	33.3	46.9	56.2	61.9	70.3
No qualification	%	27.3	34.6	41.0	45.0	53.6
Renting	%	12.9	21.8	22.4	37.6	50.2
No car	%	10.5	16.7	21.6	28.2	42.0
Poorest income category	%	17.6	30.0	36.9	45.4	48.6
Most urban area	%	12.8	15.9	12.1	23.0	35.0
Most rural area	%	2.6	15.1	31.9	36.9	13.1

Table 3.9(b) Distribution of population across income bands by the urban/rural character of area of residence

	Most Urban	Urban	Average	Rural	Most Rural	Total
Lowest	42.9	31.2	27.4	32.5	41.3	34.9
Middle	41.9	43.7	43.6	44.1	44.2	43.5
Highest	15.2	25.1	29.1	23.3	14.5	21.6

* Numbers relate to the percentage in each age band with a particular social or socio-economic characteristic

Table 3.9(c) Distribution of social and socio-economic factors by Carstairs deprivation *

		Most affluent	Affluent	Average	Deprived	Most deprived
% tot pop	%	21.6	20.8	20.8	18.5	18.1
Separated/divorced	%	14.9	14.2	20.7	21.5	28.7
Widowed	%	18.4	19.5	20.2	17.9	23.9
Lone person	%	18.8	20.4	21.1	16.6	23.2
RC	%	7.9	14.3	21.1	25.5	31.1
SC manual	%	14.1	18.7	22.2	21.0	24.0
No qualification	%	14.9	18.1	21.4	21.0	24.5
Renting	%	10.0	16.2	16.7	24.8	32.4
No car	%	9.8	15.1	19.5	22.6	33.0
Poorest income category	%	11.0	17.9	21.8	24.3	25.0
Most rural area	%	2.8	16.0	34.1	34.9	12.1
Most urban area	%	14.5	17.2	13.1	22.1	33.0

Table 3.10 Distribution of multiple disadvantage by age and sex⁺

	Men				Women			
	16-44	45-64	65+	Total	16-44	45-64	65+	Total
	%	%	%	%	%	%	%	%
4 indicators of disadvantage present	3.8	5.1	14.9	6.1	5.9	8.4	21.6	9.9
3 indicators of disadvantage present	13.5	10.4	13.9	12.7	12.6	14.3	20.7	14.8
2 indicators of disadvantage present	19.5	29.6	33.3	24.9	20.1	25.9	28.3	13.3
1 indicator of disadvantage present	36.3	28.0	18.7	30.8	23.4	19.6	15.3	20.7
no disadvantage	26.9	27.0	19.2	25.5	37.9	31.8	14.0	31.3

+Includes social class, tenure, car availability, qualification

* Numbers relate to the percentage in each age band with a particular social or socio-economic characteristic

