

European Health Interview Survey (EHIS), 2009



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Health in focus

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity¹. The highest possible level of physical and mental health is one of the fundamental human rights. It determines so the life and life quality of people as the income production capacity of a society. Thus, the existence and availability of information necessary to increase the efficiency of health preservation and improvement becomes more and more important.

Some pieces of information concerning health can be obtained solely with the help of health survey questionnaires, as data received from health care institutions do not inform among others about lifestyle and social factors influencing health, about the expenditure of the population spent on health and about the satisfaction with the health care system. Over the course of data collection, it also becomes clear how often the respondents visit their general practitioners, dentists, whether they take part in screenings, what they do in the interest of their health (physical exercise, conscious nutrition), as well as

it reports about health-damaging habits (smoking, alcohol consumption). In the last two decades, three representative, national interview surveys were conducted in the field of health; in 1994 under the guidance of the Hungarian Central Statistical Office and in 2000 and 2003 under the professional supervision of the National Centre for Epidemiology. However, the comparison of results is limited as the sample from the observed population and some of the questions and possible answers were different. Due to the subjectivity of self-assessment of health, this method is neither sufficient itself for establishing the actual health conditions of the population. It is necessary to know and take into account the statistics of general practitioners and other health institutions and to analyze the data from the two mentioned sources together as well.

One of the most important objectives of the health programme of the EU for 2008–2013 is to provide comparable data about the health conditions of the European citizens. In the interest of this objective, EU lays great emphasis on elaborating health indicators and on activities connected to data collection. The European Parliament and Council Regulation put into force in December 2008² ordered the execution of health interview surveys in the member states. According to the plans, surveys conducted on the basis of a uniform methodology will be repeated every five years, thus, we can obtain information on the health conditions and changes in lifestyle of the population which are comparable on EU level as well.

In Hungary, the first internationally standardized European Health Interview Survey (EHIS) was conducted in the autumn of 2009 under the guidance of the Hungarian Central Statistical Office³, and, in parallel, the National Institute for Food and Nutrition Science carried out a survey on a subgroup of respondents about nutrition and feeding conditions.

In the framework of EHIS, we observed in 2009 the population aged 15 years and older. The results reflect so the health conditions and lifestyle of the population over 14 years of age living in private households, as children under 15 years of age and people living in institutions were not surveyed.

Main results

1. Self-assessment of state of health, perceived health⁴

The overwhelming majority of adult population is satisfied with its state of health or at least deems it satisfactory. The proportion of those who thought their health was good or very good reached or exceeded 50% both in case of males and females. 17% of females and nearly 12% of males reported bad or very bad state of health.

¹ WHO definition.

² Regulation (EC) No. 1338/2008 of the European Parliament and of the Council on Community statistics on public health and safety at work.

³ Details on the survey: <http://portal.ksh.hu/pls/ksh/docs/hun/elef/index.html>

⁴ Perceived health is based on the self-assessment of individuals, i.e. on their opinion about their own health condition. It is not closely connected to a certified diagnosis; its judgement is influenced by the social, economic, cultural situation of the individual (e.g. educational attainment, occupation, income, place of living, etc.). However, in international practice, the accepted and regularly applied means of the topic are the health interview surveys.

Perceived health by sex, 2009

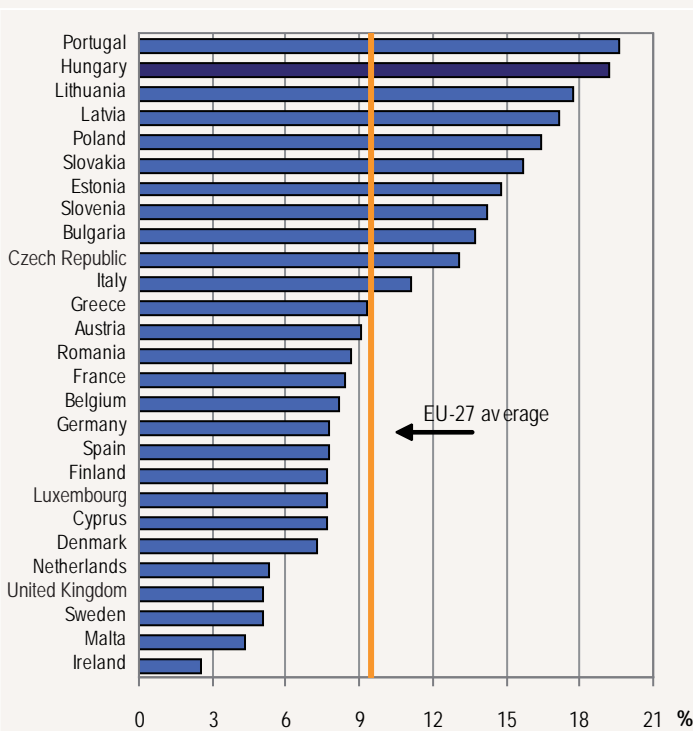
Table 1

(%)			
How is your health in general?	Male	Female	Total
Very good, good (together)	58.9	50.0	54.2
Fair	29.4	32.7	31.1
Bad, very bad (together)	11.7	17.3	14.7

State of health is generally getting worse along with the progress in age. While 87% of younger respondents (between 15 and 35 years of age) feel well, among elder people this proportion is much smaller. 35% of people over 65 years of age and 40% of over 75 year-olds are unsatisfied with their health. The proportion in Hungary is considerably higher than the average of the EU-27 countries, where only 9.5% of people think their health is bad/very bad. According to the 2008 data of the SILC (Survey on Income and Living Conditions) survey, which is available at present for international comparison, the total proportion of Hungarian people thinking their health is bad or very bad is 19.2%. In all probability, certain social, socio-cultural factors, traditions play a role in forming opinion, and their effect on the mentality, value system and responses of people of different countries may also be very different. While we are last but not one in respect of the proportion of people feeling sick, based on the proportion of those who deem their health good or very good, 8 countries including e.g. also Germany are behind us.

Proportion of people thinking that their health is bad, 2008

Figure 1



In Hungary, the first survey on the perceived health of the population was carried out in 1994, but comparability is limited, as the questions contained only four possible answers that time. Among the population aged 15–64, the proportion of those thinking that their health status was very good was 18.4% and that of those thinking it was very bad was 2.5%. Adjusting the age-group participating in the survey in 2009 to the one 15 years ago, we can state that satisfaction has slightly improved, as the proportion of people indicating the category „very good” was somewhat higher, while that of people choosing the category „very bad” decreased.

In 2000, the proportion of answers „good” and „very good” was 48% among men and 39% among women, while 13% and 18.5%, respectively thought their state of health was bad or very bad. In 2003, the share of people thinking positively increased: half of men and 41% of women considered their health good or very good, while the proportion of men considering their health bad or very bad was invariably 13%. However, this proportion rose among women, as 21% of them indicated negative answers.

2. How important are our own efforts to stay healthy?

Among the factors influencing health, in judging the possibilities and responsibilities of the individuals, the majority of the respondents agreed that, beyond biological disposition, our health depends mainly on our attitude and our efforts to preserve health. 77.2% of men are of this opinion, while women are somewhat more pessimist: one out of four thinks that nothing or only a little can be done for health. The proportions have significantly improved since the previous survey, which suggests that the population, first of all women more and more realize the importance of health conscious behaviour. Earlier, 33% of women and 25% of men said that they can do nothing or only a little for their health.

Judging the role of individuals in health preservation, 2009

Table 2

(%)			
How important are our own efforts to stay healthy?	Male	Female	Total
Very important, important (together)	77.2	74.3	75.6
Only a little, not important at all (together)	22.8	25.7	24.4

A greater proportion of men are aware of the importance of a healthy lifestyle, notwithstanding a higher proportion of them make less frequent visits to their GP or pursue a lifestyle damaging their health.

3. Limitation resulting from the state of health

If the health of an individual (by physical, mental and social aspects) is determined according to how he/she is able to carry out different activities, then the state of health can be described by the degree and measurement of limitation.

To the question “For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?” 8.6% of the adult population gave an account of a severe limitation. A greater proportion of women felt themselves limited than men, which corresponds to the fact that in general they also deemed their state of health worse. Around one third of the respondents gave an account of a slight degree of limitation; however, for the majority of them neither a potential chronic disease was a hindrance in their daily life.

Limitation in daily activities, 2009

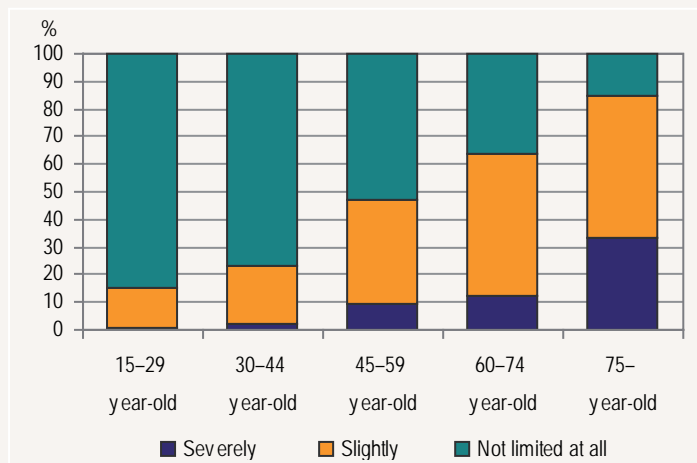
Table 3

(%)			
For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do	Men	Women	Total
Severely limited	8.1	9.1	8.6
Limited but not severely	28.5	36.0	32.5
Not limited at all	63.4	54.9	58.9

The occurrence of limitation was highly different by age-groups. 85% of those aged 15–29 felt not at all limited, this proportion was only 53% among middle-aged people (aged 45–59), while in the age-groups 65–75 and over those living with no limitations accounted for proportions of 36 and 15%, respectively, in parallel with this the proportion of those with serious limitations increased to 23 and 33%, respectively.

Figure 2

The occurrence of limitation by age-groups



The survey had a stand alone question to give an account of chronic diseases. As a result of the confrontation of data it turned out that the presence of a long standing disease is not a guaranteed limitation in daily life and sooner or later a long lasting health problem comes into existence in each case (93% of pensioners responded it).

Table 4

Proportion of chronically ill people, 2009

Do you have any longstanding illness or health problem?	Men			Women			Total		
Yes	64.6	72.8	69.0	64.6	72.8	69.0	64.6	72.8	69.0
No	35.4	27.2	31.0	35.4	27.2	31.0	35.4	27.2	31.0

Two out of three men and three out of four women have a chronic disease, sometimes more diseases simultaneously, but one part of these can be made symptom free with proper medication and treatment and do not cause problems in daily life.

A proportion of those limited in perception and movement have relatively no problem of pursuing an independent life, while others with difficulty or only with assistance. The survey contained questions on limitations one by one in terms of certain abilities. Multivariable analyses will picture in terms of the total population the proportion of health problems of different seriousness as well as of the resulting life situations that hinder social integration and the proportion of disabled people needing continuous care and those who are partially limited.

46% of men and 61% of women wear glasses or contact lenses, in spite of this, 10% of the population are not able to see clearly the face of others from a great distance (from the other side of the street), and 18% are able to see only with difficulty or are not able to see printed letters in a newspaper. People with a serious sight disability account for a proportion of around 1–2%, which is similar to the value recorded in 2003. There is a very significant deviation by age-group: around 17% of those aged between 35 and 64 and 35% of those aged over 65 are not able to see printed letters without difficulties, 7% of the age-group 35–64 and nearly

one quarter of those aged over 65 are not able or are able, with difficulty, to recognize an acquaintance walking on the other side of the road.

Around one out of ten of the adult population has a slight hearing loss, i.e. has differing difficulties in hearing or can hardly hear a conversation of normal volume. Users of hearing-aids account for a proportion of 2.4%, the proportion of men and women is nearly the same. Seriously hearing impaired people account for a proportion of less than 1%.

One out of ten men and 17% of women have some or a lot of difficulty in walking a distance of 500 metres on flat terrain without a stick or other walking aid or assistance. In the circle of those aged 35–64 it is a concern for only 10%, among those aged over 65 for 43% and those who are not able to do this account for a proportion of 15%. 15% of those aged over 65 are not able to go up one storey and 33% of them mention differing difficulties in case of this activity. 15% of the respondents (8.6% of men and 20.7% of women) said that it is difficult to carry a shopping bag of 5 kg for 10 metres and 6% of them were completely incapable of it. The difficulty of carrying heavy loads is mainly a problem in the older age. 4% of men and 7% of women have difficulty in carrying out fine movements, in handling small objects with fingers.

Inability to live independently is a serious limitation for people. According to the data of the survey, 5–10% of the adult population is limited in self sufficiency. One has problems with eating and needs assistance to eat (5.1%), others have difficulty with going to bed and getting up from there (10.4%) or taking a seat and standing up from there (9.8%). 8.5% of the respondents need assistance to put on clothes, 6% of them to use WC and 9% of them mentioned difficulties with bathing, showering.

Naturally not everybody is affected by the problems enumerated, but certain problems occur frequently simultaneously. The inability or difficulty to live independently indicates such a serious, lasting problem, which makes a daily nursing necessary for people concerned. A decrease in functionality represents a significant burden not only for the individual but for the family and the wider community and indicates needs for the system of social services.

Only 81% of those who are not able to live independently receive enough support from a member of the family, a relative or from a paid nurse, neighbour, friend, however, a further 5% of them would need more or other assistance.

One part of the respondents has no difficulty to live independently, but has differing difficulties with carrying out daily tasks.

17% of the population – due to reasons of health and aging – has difficulties in housework. 7% of them feel, due to the same reason, light housework difficult. Respondents, to a varying extent, need assistance in administration, shopping, preparing meals and using the telephone. Out of the above mentioned, 81% of those in need were able to receive help to at least one activity, which was enough for the overwhelming majority of them. Similarly to independent life, 5% of them needed more help in housework. One fifth of those facing with difficulties have no support in daily tasks.

4. Prevention

A large proportion of the population regularly takes part in screenings, examination of blood pressure, levels of blood sugar and cholesterol. Those with at least one blood pressure measurement carried out by a health professional account for a proportion of around 95–96% and within this, nearly 75% were screened within one year. Women and men showed no significant difference in this respect. No information is available on how many people use a home blood pressure gauge, but it can be supposed, taking into account measuring opportunities with no supervision of health professionals, significantly more people, mainly in the older age-group, have regular controls of blood pressure.

A total of 65% of the population were screened for high blood cholesterol level; out of this, a proportion of 70% were screened within one year. The proportion of women was some percent higher than that of men.

Only 51% of women had mammography screening, 19% of them last year, 22% of them fewer than 3 years ago and 10.5% of them more than three years ago. As this screening is recommended for those aged over 45, the participation rate of age-group 45–64 is outstanding, then it shows a decrease. Two thirds of women aged 45–64 took part in such a screening within two years, 18% of them in former times. 16% of the examined age-group has never participated in a mammography screening, though this ratio showed a significant improvement in the previous years; the survey of 2003 showed a rate of around 30%. 84% of women aged 45–64 years took part in a cervical smear test, 60% of them visited a doctor within three years. Most of them (nearly 80%) took part in this medical examination based on the proposal of a general practitioner or in the framework of a national screening programme with the aim of prevention. 26% of the population was vaccinated against influenza, 60% of them within one year, among pensioners this ratio nears 80%.

5. Diseases, medication

We can deduce the general health condition of the population from the frequency of the occurrence of different diseases. Out of 25 health problems listed by the questionnaire high blood pressure and the group of locomotor diseases, as well as heart and arterial diseases are in the first place. This fact is underlined by the morbidity data provided by the health care system. The prevalence of diseases, with the exception of asthma, allergy and strong migraine being more frequent in the younger age-groups, shows a significant increase in line with aging.

High blood pressure has a prevalence rate of around 32%, 27% of respondents took prescription drugs to manage the disease. In 2003, 29% of respondents had such a problem. High blood pressure shows a positive correlation with aging, in the circle of pensioners it amounts to 65%.

Among **locomotor diseases**, more than 27% of the respondents indicated rheumatism, 24% rheumatoid arthritis, 24% osteoarthritis and 31% complained of low back disorder or other chronic back defect. Neck, back disorders and dorsopathies together are mentioned by nearly 50% of the respondents. Osteoporosis belongs also to widespread diseases, mainly among older people. Respondents do not always know about the deterioration of the bone structure, the proportion of mentioning it was only 8% in the survey.

The aggregate frequency of occurrence of **heart diseases** reaches 30%, however, due to self-admittance, the different diseases cannot be separated, and so there are presumably significant overlaps in the answers concerning heart diseases. 16% of the population indicates heart disease as the reason for taking medicines; therefore, the proportion of chronic cardiac patients is at least so much.

The occurrence of **high cholesterol level** is more than 12% among the population. 68% of the patients take cholesterol-lowering medicines as well, while 54% try to treat the problem with low cholesterol diet. Naturally, diet and taking medicine do not preclude each other; on the contrary, most of the patients apply both.

Diabetes mellitus is mentioned by about 8% of the respondents; 78% of the patients take medicines and 61% follow a diabetes diet. Along with aging, the risk of diabetes increases considerably, 18% of pensioners reported this health problem.

The different **allergic diseases** show also high frequency of occurrence (16%), but only 84% of allergic patients turned to doctors and 5% take medicines prescribed by doctors, while others (about 2%) trust in preparations available without prescription or protect themselves in another way (e.g. avoid situations, foods causing allergy).

Asthma and chronic bronchitis both represent 6.4% among the mentioned health problems. 3.5% of the respondents take medicines prescribed by doctors against asthma and 4.5% against chronic bronchitis.

6% of the respondents complained of **chronic depression**, while the occurrence of **other mental diseases** is more than 3%. The proportion of those receiving medicinal treatment because of the mentioned diseases is

the same, nearly 10% altogether, which calls the attention to the fact that mental disorders belong also to the most frequent diseases. Besides, it is remarkable that the proportion of those taking regularly sleeping pills is around 6% which indicates tension, uneasiness, anxiety and stress. 20% of the respondents mentioned that they are frequently nervous, exhausted and one third complained of continual tiredness.

6. Accidents

The proportion of accidents is relatively low: the occurrence of home accidents was the highest (4.2%), in 78% of the cases health care was necessary, while in case of road traffic accidents representing 2.1%, this rate was only 64%. 2.6% of the respondents were injured during leisure activities, while the proportion of school and work accidents was only 1.3 and 0.2%, respectively.

7. Utilization of health care system, satisfaction

Generally, 87–97% of the respondents expressed an opinion about the general practitioner, dentist, specialist and hospital care.

76% of the population visit their **general practitioner** regularly, at least once a year, 39% of the respondents only once or twice, while the others more frequently (patients visit their general practitioner 8 times a year on the average, while in 1994 they turned to doctors on 5 occasions). Respondents are satisfied with their general practitioners to the greatest extent (83% are very satisfied and only 5% are unsatisfied), they rated the quality of the service 4.05 on a scale of 5.

The majority visit their **dentist** at least every two years. 38% of the population visited dentists within one year (35% of men and 40% of women), but the proportion of those who visited dentistry more than 5 years ago is more than 20% (1.3% have never met a dentist). 65% of men and 60% of women did not visit a dentist within one year. These rates were 66 and 57% in the health survey of 2003. The population is mostly satisfied with their dentist, though we did not examine separately the private practices and the public health service. There are surely great differences behind the average of 3.87. According to the EU SILC survey, 8.6% of the population – more than the EU average of 7.5% – failed or postponed to visit their dentist though they would have needed it. Patients stayed away mostly due to financial reasons or fear both in Hungary and in the other member states, but many people hoped that the problem would get better on its own. The highest level was registered in Bulgaria, where more than 20% of people did not visit their dentist despite their complaints, and, within this, the rate of those who could not pay the treatment was 15%.

Hospital care was provided for 14.3% of the respondents as inpatients spending at least one night in the hospital. 9% received one-day care (they did not have to spend the night in the hospital), and one-third of them were cared so more than once within one year. There were also cases (4%) when the patients did not get into the hospital though the physician suggested it. Most of them (25%) postponed the treatment because of shortage of time, one fifth of them were afraid of the treatment and one tenth could not make use of the service due to the long waiting list. It was mentioned only in the third place as the cause of the postponed hospital care that they could not afford the care. Hardly half (48%) of the population deem hospital services good, and 20% are more or less unsatisfied. Men and women are nearly of the same opinion; on the whole, they gave the lowest value, 3.31 to hospital care.

Nearly 60% of the adult population visited a **specialist** over one year. Those patients who did not visit the outpatient service though it would have been necessary (12%), mentioned also shortage of time in the first place, postponement in the second („I wanted to wait supposing it would get better on its own”), the next reasons were the waiting list and the fear of the doctor or the treatment. 64% of the patients were satisfied with the specialists, 12% were unsatisfied and 24% deemed the service satisfactory. So, **outpatient service** received the average points of 3.59.

On the whole, 4–7% of the respondents took advantage of *nursing at home*, but there are in all probability much more people who are nursed by paid nurses or family members or who live in institutions and so were not asked in the survey. Only 35% of the respondents had an opinion about nursing at home, since relatively few of them were affected. The satisfaction was relatively high (60%) with the average points of 3.6.

50% of the respondents expressed an opinion about the *emergency ambulance service* and *patient transport*, 62% were satisfied with the ambulance staff and 58% with the patient transport staff. It is remarkable that the proportion of those who were unsatisfied with these services was relatively high, 13 and 15%. So, on the whole, the two services received the average points of 3.58 and 3.46, respectively.

8. Alternative therapies, treatments

Among supplementary or alternative therapies, spa and hydrotherapy treatments are the most widespread. They have great traditions in Hungary and are available on doctors' prescription as well. Over the preceding year, more than 10% of the respondents made use of the services of spas expressly with the aim of therapy.

Among the recent alternative therapies, homeopathy, acupuncture, phytotherapy and other treatments are mentioned only at a few percent (under 5%) which indicates that in our country most of the people still trust in traditional healing. At the same time, more than one third of the respondents took medicines, vitamins or nutrient supplements without the doctor's order in the two weeks preceding the survey. These are mainly for relieving pains of different origin and are available in numerous forms outside pharmacies, too. The consumption of roborants and vitamins is also general: more than 25% of the respondents reported the regular use of such preparations.

9. Health behaviour

State of health is depending not only on genetic conditions and the quality of health care system. We ourselves are largely responsible for our health, as our health behaviour, harmful or just useful lifestyle habits may contribute to the development/prevention of several diseases.

Body weight

Above average weight is a significant health risk factor. Overweight raises among others the probability of coronary diseases, ischemic stroke and diabetes mellitus, as well as increases the possibility of the development of certain neoplasm.

According to the data of WHO⁵, the number of overweight and obese people in the world is already more than one billion. The proportion of obese people is very different in the countries of the world: for example, in China and Japan it is only 5%, while in the urban parts of Samoa it amounts to 75%.

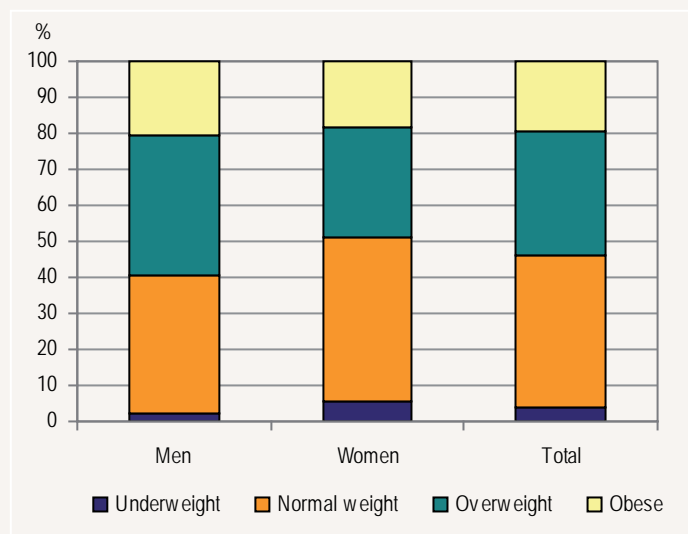
The degree of overweight is determined with the help of the generally accepted body mass index (BMI⁶) as the quotient of the weight in kilograms and the square of the height in meters.

According to the results, the weight of more than half (53.7%) of the population over 15 years of age is higher than the normal and every fifth adult is even obese. According to the data on self-completion questionnaires, the proportion of obese or overweight women is lower, the proportion is higher among men in both categories.

Based on the investigations by age-groups, it is apparent that the overweight of men begins in relatively young age: among people aged 18–34 years, the proportion of overweight men is nearly two-fold of overweight women. It is, however, notable that only every fifth young women is overweight or obese, while this rate is more than 50% among

Figure 3

Distribution of people aged 15 years and older by the categories formed on the basis of body mass index, 2009



middle-aged women and two thirds in the oldest age-group. In case of men, the difference among age-groups is not so significant; every seventh of both middle-aged and elderly man should be on diet in the interest of ideal shape. It is important also to stress that among 18–34 year-old women, more than one tenth is expressly underweight, however, this is the age-group where the proportion of people of normal weight is the highest (more than two thirds).

Table 5

Distribution of the population by the categories formed on the basis of body mass index (BMI), by sex and by age-groups, 2009

BMI-category	18–34			35–64			65–			Total
	year-old									
Men										
Underweight	3.0	0.6	1.4	1.5						1.5
Normal weight	55.9	29.6	28.9	37.7						37.7
Overweight	29.8	45.0	39.8	39.4						39.4
Obese	11.3	24.8	30.0	21.5						21.5
Women										
Underweight	11.3	3.0	1.9	4.9						4.9
Normal weight	67.4	39.8	32.1	45.2						45.2
Overweight	14.9	34.2	42.1	31.1						31.1
Obese	6.4	23.1	23.8	18.9						18.9

The comparison of the data with the ones of the former health surveys in 2000 and in 2003 (comparison of the population aged 18 years and older of the same age composition) shows that among young men there has been no significant change since 2000, but among middle-aged and elderly men, the total proportion of overweight and obese people increased alike. On the other hand, in case of women, there has been a considerable increase only among the oldest ones.

⁵ Obesity and overweight: fact sheets. WHO Global Strategy on Diet, Physical Activity and Health. WHO 2003.

⁶ Body Mass Index. Based on its values there are the following categories: underweight: < 18,5; normal weight: 18,5 – 24,99; overweight: 25 – 29,99; obese: ≥ 30.

Total proportion of overweight and obese people by sex and age-groups

Table 6

Year	year-old (%)		
	18–34	35–64	65–
Men			
2000	42.0	64.8	61.3
2003	42.1	66.1	68.7
2009	41.1	69.8	69.8
Women			
2000	22.5	56.4	59.4
2003	22.4	57.3	61.1
2009	21.3	57.3	65.9

Physical exercise

Physical exercise belongs to the factors of preventive health behaviour, i.e. regular physical activities reduce the risk of the development of certain diseases.

Half (49.7%) of the adult population does not perform vigorous physical activities at all, one third (33.4%) does not even perform moderate physical activities and one fifth (21%) of them does not even walk for at least ten minutes a day.

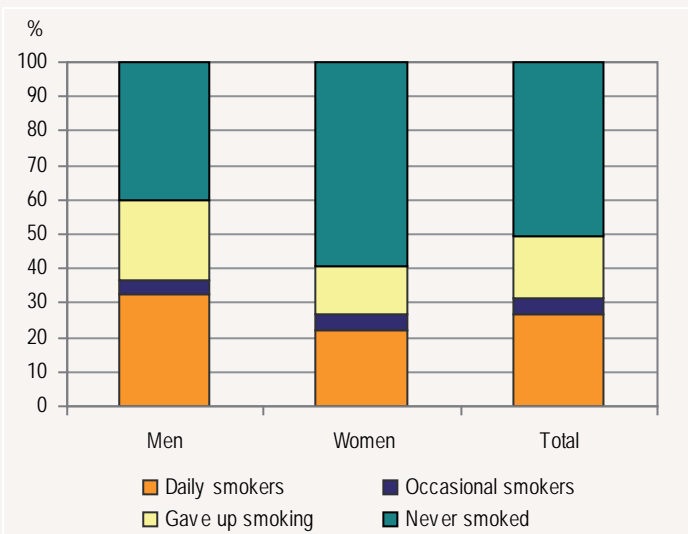
Smoking

Smoking is one of the most significant lifestyle risk factors: it increases considerably the probability of the development of certain neoplasm, heart and cerebrovascular diseases and diseases of the respiratory organs.

According to the data of the survey, nearly one third (31.4%) of the population aged 15 years and older smokes, most of them are daily smokers. The proportion of smokers is by 10 percentage points higher among men than among women.

Smoking habits, 2009

Figure 4



The proportion of daily smokers is significant even in the youngest age-group (between 15 and 17 years of age), but it is relatively low compared to the adult population: nearly one fourth of men and every tenth of women belong to this category. In the oldest age-group (over 65 years of age), less people smoke as well, however, the proportion of those, who gave up smoking is high, especially among men. So, we can say that a considerable number of people of this age-group got into personal relationship with cigarette during their lifetime. In the age-groups 18–34 and 35–64, there is no significant difference between the two genders in the proportion of daily smokers: more than one third of men and more than one fourth of women smoke every day.

Comparing the results with that of the earlier surveys, we can see that in case of the youngest age-group, the proportion of daily smokers fell considerably in both genders, but similar change cannot be observed among middle-aged and elderly people.

Proportion of daily smokers

Table 7

Year	year-old (%)		
	18–34	35–64	65–
Men			
2000	44.4	41.0	13.7
2003	43.1	39.0	15.9
2009	36.3	36.4	14.1
Women			
2000	29.0	28.2	3.4
2003	32.5	28.5	5.3
2009	25.6	28.8	7.0

The decrease in the quantity of cigarettes smoked daily is even a greater achievement than the fall in the proportion of daily smokers. In 1994, 57% of smokers smoked daily 20 pcs or even more cigarettes, two thirds of men and 43% of women were heavy smokers. 15 years later this proportion decreased to 46% among men and 24% among women in the comparable age-group (15–64 year-old).

Alcohol consumption

Beside smoking, heavy alcohol consumption is the other health behaviour factor of great importance which is harmful to health. Heavy drinking significantly increases the frequency of certain diseases (e.g. alcoholic liver disease, stroke, neoplasm diseases, congenital anomalies) and the number of early deaths. At the same time, moderate drinking may reduce the risk of heart and cerebrovascular diseases compared to abstainers or heavy drinkers.

According to the analysis of data on self-completion questionnaires, 4.6% of the adult population belongs to the heavy drinkers⁷ (only every hundredth of women but every twelfth of men). Half of women and nearly one fourth of men stated that they do not drink alcoholic beverages at all. There are the most heavy drinkers among middle-aged men (11.4%) and the most abstainers among elderly women (66.9%).

⁷ We called heavy drinkers those women and men who consumed in the week preceding the survey more than 7 and 14 units of alcohol, respectively (in case of women a lower limit is set due to their different physiological features). One drink/unit of alcohol is equivalent to one pint of beer, 2 dl wine or 0.5 cl spirit, i.e. 1 dl beer is 0.2, 1 dl wine 0.5 and 1 cl spirit 0.2 drink. Due to the great importance of the phenomenon called "binge drinking" in scientific literature (consumption of a large quantity of alcohol in one occasion), we considered heavy drinkers also those who drink 6 or more drinks per one occasion.

Moderate drinkers are those who consume alcohol at least weekly but are not considered heavy drinkers.

Those are called occasional drinkers who consumer alcoholic beverages but not weekly.

Abstainers are those who, by their account, do not consume alcoholic beverages at all.

Alcohol consumption habits, 2009

Figure 5 **Summary**

According to the preliminary data of the health interview survey, the health condition of the population improved slightly in the second half of the last decade, health consciousness, health prevention begins to become important to more and more people. Later, in the course of the more detailed analysis based on multivariable data, it will be possible to demonstrate – beyond the main trends – the numerical effect of the single factors and, among the factors determining health conditions, the role of regional differences and certain variables of the socio-economic background.

Further information, data (links)

[Methodology](#)

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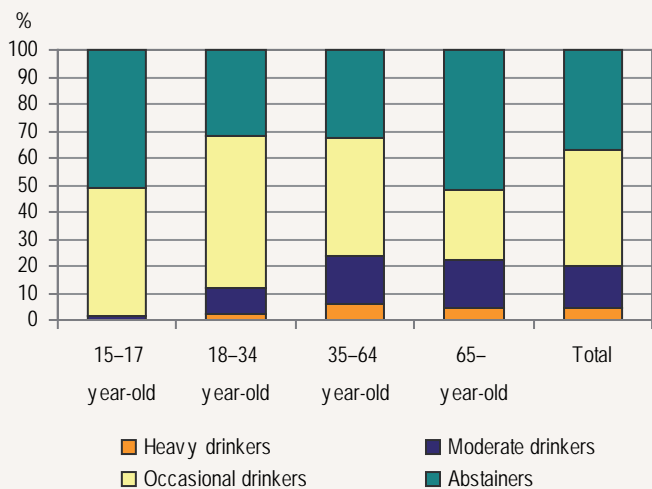
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Some works of the children's drawing competition connected to the Health Interview Survey



Beatrix Kecskérniti, 7 year-old



Mia Bencun, 9 year-old



Bianka Haag, 9 year-old



Evelin Fadler, 14 year-old