

13 March 2008



## National Health Survey. Year 2006

**Seven out of 10 Spaniards consider their state of health to be good or very good**

**26.4% of the population aged 16 and over smoke daily, and 60.6% carry out physical activity in their free time**

**15.6% of the persons aged 18 and over, and 8.9% of the population aged two to 17 years old, are obese**

70.0% of the Spanish population considered their state of health to be good or very good. Males presumed to have a better state of health than females. In fact, 75.1% of males declared that they had a good or very good state of health, as compared with 65.0% of females who stated likewise.

The perception of a positive state of health is lessened at an older age. Thus, for the group aged 75 and over, only 41.6% of males and 29.1% of females stated as such.

### State of health

#### Percentages

	Very good or good	Acceptable	Poor or very poor
<b>TOTAL</b>			
All ages	70.0	22.5	7.6
Over 74 years old	34.3	43.7	21.9
<b>MALES</b>			
All ages	75.1	18.9	6.0
Over 74 years old	41.6	42.0	16.4
<b>FEMALES</b>			
All ages	65.0	26.0	9.1
Over 74 years old	29.1	44.9	25.9

### Chronic health problems

The chronic disorders that were most frequently diagnosed by doctors for the population aged 16 and over were arterial hypertension (in 20.7% of the persons), arthrosis, arthritis or rheumatism (20.7%), hypercholesterolemia (15.9%), depression, anxiety or other mental disorders (13.8%), chronic allergies (12.2%), diabetes (6.2%), asthma (5.5%) and chronic

bronchitis (4.8%). With the exception of diabetes and chronic bronchitis, all of the chronic problems considered were more frequent in females.

Among children, the most frequently diagnosed chronic disorders were chronic allergies (in 11.6% of children under the age of 16), asthma (6.6%) and behavioural disorders (2.0%). All three disorders were more frequent in boys than in girls.

### **Personal independence**

The National Health Survey studies the maintenance of the abilities to carry out daily activities without the need for assistance. In this sense, 65.6% of the population aged 65 and over stated that they were able to carry out the eight activities related to personal care (74.4% of males and 59.1% of females).

61.4% considered that they could carry out the 13 activities related to household chores (67.1% of males and 57.2% of females), and 68.6% felt themselves capable of carrying out the six activities related to mobility (77.5% of males and 62.0% of females).

### **Exposure to tobacco smoke**

One out of three children under 16 years old were exposed to tobacco smoke inside the home, with greater or lesser frequency.

Nonetheless, this percentage increased with age. Hence, while 23% of children under 5 years old were exposed to tobacco smoke at home, this figure reached 40.9% for youths 10 to 15 years old.

Regarding the non-smoking population aged 16 and over, 74% considered that they were not exposed to tobacco smoke in public and leisure places (outside of the home and the workplace) on working days. This percentage dropped to 60% on the weekends.

### **Care for minors, the elderly and dependent persons, and domestic work**

50.8% of males and 85.9% of females living with children under 15 years old were in charge of their care. Males spent, on average, 40 hours per week on said care. Females spent 65 hours.

On the other hand, **32.4% of males and 58.5% of females cared for persons aged over 74 living with them.** The average weekly time spent on this care was 66 hours among males and 68 hours among females.

33.2% of males and 64.3% of females living with disabled persons were in charge of their care. Males spent, on average, 65 hours per week on said care, and females spent 71 hours.

**81.5% of females aged 16 and over carried out household chores,** spending on average 28 hours per week on these chores. The percentage of males carrying out these tasks was 35.9%, and the weekly average was 15 hours.

### **Consumption of tobacco and alcoholic beverages**

26.4% of the population aged 16 and over smoked daily, 3.1% were occasional smokers, 20.5% were ex-smokers and **50.0% had never smoked.**

By sex, the percentage of smokers was 31.6% among males and 21.5% among females.

On the other hand, 26.0% of the population stated not ever to have drunk alcohol, while 19.8% drank occasionally and **48.4% consumed alcoholic beverages habitually**.

### **Sedentary lifestyle and eating habits**

60.6% of the population aged 16 and over (63.6% of males and 57.6% of females) carried out physical activity in their free time. This percentage reached 80.3% among children, although 17.6% of boys and 21.9% of girls were sedentary.

Regarding eating habits, 13.4% of the population aged one and over ate a complete breakfast (dairy or other liquid, plus fruit or juice, plus carbohydrates), while 2.9% ate nothing for breakfast.

**11.2% of the population** (9.3% of males and 13.0% of females) **kept to a special diet**. Of these, 49.9% did so due to health problems.

### **Obesity**

37.8% of persons aged 18 and older were overweight, and 15.6% were obese. Among the population two to 17 years old, 18.7% were overweight, and 8.9% were obese. For both males and females, obesity was more frequent at older ages (with the exception of persons over 74 years old).

### **Preventive activities**

67.1% of persons aged 65 and over (69.1% of males and 65.7% of females) were **vaccinated against influenza** in the previous vaccination campaign of the year 2005.

84.8% of the population had **monitored their blood pressure** in the previous three years, and 77.7% had monitored their **cholesterol**.

69.0% of females aged 20 and over had had a vaginal cytology at some time, and this percentage increased to 85.5% for the group aged 35 to 54. 52.5% of females aged 20 and over had had a mammogram at some time, this percentage reaching 91.8% among females aged 50 to 64.

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## **Methodological note**

The Spanish National Health Survey (SNHS) is a study obtained through interviews in the households in which health information regarding the entire population is collected.

The Ministry of Health and Consumption carried out the first SNHS in 1987, whose fieldwork was developed by the Sociological Research Centre (SRC) and which was continued in years 1993, 1995, 1997 and 2001. By virtue of the Framework Cooperation Agreement between the Ministry of Health and Consumption and the National Statistics Institute (INE), the National Health Survey has been jointly prepared with this office since 2003.

The main objectives of the SNHS are to measure the characteristics and the distribution of morbidity perceived by the Spanish population, and the characteristics and distribution of certain behaviours and habits related to health. Likewise, the survey explores the use of health services by the population. Lastly, it relates all these characteristics together, and with personal, demographic and territorial variables.

Over time, the content of the SNHS has remained mostly stable, with some methodological variation introduced in 2003. Nevertheless, the transformations that have taken place within the framework of health protection, service provision, epidemiological patterns, etc., suggested adjusting the survey to a new social and health reality, for which, basically maintaining the historical series, we have deemed it necessary to revise and improve some aspects of the study. For this purpose, the Ministry of Health and Consumption decided to proceed with a revision of the SNHS for its 2006 edition.

A priority objective of this revision was to enhance the survey as an instrument in the detection and measurement of health inequalities, especially regarding gender and social class. On the other hand, in the present edition, we have incorporated dimensions hitherto unexplored regarding the health of persons, such as the case of mental health and the case of the health factors related to the physical and social environment of persons. Similarly, we have reformulated several questions in order to begin adapting the survey format to the requirements of the European Health Survey project.

The SNHS-2006 introduces significant modifications to the survey's traditional content. These modifications are the result of the need to consider new health-related dimensions and new health factors not taken into account in previous editions, as well as to enhance the survey as an instrument to measure health inequalities and adapt its format to the requirements of the European Health Survey project.

The methodological change introduced in the SNHS-2003, and the revision of the questionnaire used in the SNHS-2006, made it difficult to make the interannual comparison of one part of the information collected, which should be borne in mind by those persons using this information.

### **Survey scope**

The research covers the population residing in main family dwellings. The survey is carried out throughout the country.

## **Sample design**

A stratified tri-stage sample type is used. The first-stage units are the census sections. The second-stage units are the main family dwellings. One adult (aged 16 and over) is selected within each household to fill out the Adults Questionnaire and, should there be any minors (aged 0 through 15), a minor is also selected to fill out the Minors Questionnaire.

A sample has been selected of approximately 31,300 dwellings distributed among 2,236 census sections. The sample is distributed among Autonomous Communities, assigning one portion uniformly and another in proportion to the size of the Community.

## **Collection of information**

The survey has three questionnaires: A Household Questionnaire, an Adults Questionnaire and a Minors Questionnaire. The method used to collect information is by direct personal interview with persons aged 16 and over, along with the mother or father in the case of persons aged under 16. The collection of information has taken place throughout the year, from June 2006 to June 2007.

## **Dissemination of the results**

The publication of data carried out from the total sample provides national and Autonomous Community results on the state of health of the population, their environment (physical and social), their lifestyles relating to health and preventive practices, as well as their use of the available health services. These results are classified according to certain socio-demographic characteristics.

## **Definitions**

### **Vaginal cytology**

This procedure consists of collecting a sample of cells that are subsequently analysed in a laboratory. It comprises one of the diagnostic methods for uterine and vaginal cancers and certain infections. It also allows us to study female hormonal activity.

### **Diet**

This term refers to the foods (or combination of foods) that, in certain amounts, are ingested habitually, generally daily, and it represents the model or pattern of eating that an individual follows. A person is considered to be keeping to a special diet if it modifies his/her eating habits, either by medical prescription or on their own initiative, whatever the reason.

**General state of health**

This characteristic aims to measure the perception that the person has about his/her state of health.

**Body Mass Index**

The Body Mass Index (BMI) is defined as the relationship between the weight of the individual (in kilograms) and the square of the height (in meters).  $BMI = \text{kg}/\text{m}^2$

**Blood pressure measurement**

This is the measurement of the systolic and diastolic arterial pressure, carried out by a health professional.