

Irish Women and Tobacco: Knowledge, Attitudes and Beliefs

Research Report on Tobacco Use in Ireland

Office of Tobacco Control

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The overall level of smoking prevalence of 30% (+/- 2.4%) reflected in this report is based on a survey completed by TNS mrbi in August 2002, based on a population of 1,503 respondents.

A National Health and Lifestyle Survey, also conducted during the summer of 2002, used a larger sample size of 5,992 adult respondents aged 18+ and 5,712 school going children aged 10 – 18. This survey, conducted by the Centre for Health Promotion Studies in the National University of Ireland, Galway shows a lower smoking prevalence of 27% (+/- 3%). Allowing for the larger sample size and methodological differences, the data in both surveys is consistent.

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I welcome the opportunity to comment on the findings of this report on Irish Women and Tobacco. The report provides further worthwhile data on smoking patterns generally in Ireland, but with a particularly interesting focus on gender differences in terms of attitudes and behaviour.

In the past, smoking was predominantly a male addiction but in recent years smoking prevalence among women has grown considerably to the current level.

As we all know, tobacco smoke increases the risks of cancer and heart disease in both men and women. However smoking carries unique risks of cancer for women. Increasingly women are suffering from lung cancer and I believe that many women are not aware of this fact. The good news is that, except for smoking during pregnancy, many risks are quickly reduced when smokers quit.

The preferred option for women smokers are “lights” and “low tar” which they may believe are healthier products. These products are targeted at women. However in a recent case in the US a woman litigant won substantial damages against a cigarette company for advertising their “light and mild” products as safer than other cigarettes. “Low tar” or “light” cigarettes are actually no safer than regular cigarettes.

The World Health Organisation (WHO) in its publication “Women and the Tobacco Epidemic – Challenges for the 21st Century” highlighted the staggering statistic that tobacco is the cause of four million unnecessary deaths per year or 11,000 unnecessary deaths every day. The report indicates this rate is predicted to rise to 8.4 million deaths by 2020.

At present, in the EU, in excess of 500,000 EU citizens die prematurely each year as a result of tobacco – some 6,000 of them in the Republic of Ireland.

The WHO report comments, “it is rare, if not impossible to find examples in history that match tobacco’s programmed trail of death and destruction. If current growth rates continue, by 2020, tobacco use will be responsible for about 10% of the global burden of disease. Most alarmingly the rates of smoking are increasing among youth and young women in several regions of the world.”

The WHO highlights a number of frightening facts in relation to women and tobacco:

- Women who use tobacco face the same risks as men and in some cases even more.
- Over the next 30 years, tobacco-related deaths among women will more than double.
- According to an analysis of research in the US, lung cancer has surpassed breast cancer to become the leading cause of cancer mortality among women.
- Worldwide, lung cancer currently accounts for over 10% of cancer deaths in women.
- Women may be more susceptible to the effects of tobacco carcinogens than males.
- Some studies have shown that when smoking the same number of cigarettes women have higher rates of lung cancer.
- Smoking is one of the major causes of coronary heart disease among women accounting for perhaps the majority of cases in women under age 50.
- The risk of coronary heart disease is even higher among women smokers who use oral contraceptives.
- Among post-menopausal women, current smokers have lower bone density than non-smokers and they have an increased risk of hip fracture.

Given all these alarming facts, the information contained in this report provides a valuable insight into tobacco addiction among Irish women. It is a resource which can be built on to further inform programmes designed to reduce smoking incidence in Irish women.



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Dr Harry Comber, Director, National Cancer Registry in Ireland.



I am very pleased to be asked to provide an introduction to this timely and excellent report. Unless we can dramatically reduce smoking by women in the next few years, the next two decades will see an epidemic of tobacco-related disease in women. Estimates from the National Cancer Registry show that lung cancer is increasing by 3% a year in women. From being a predominantly male disease for the past fifty years, lung cancer will be a predominantly female disease by 2020. Increases in other cancers will follow the same trend. It is ironic that, despite a generation of health promotion, this easily preventable cancer still causes more deaths than any other and a loss of 7,000 years of productive and happy life to women in Ireland each year.

This report accurately highlights some of the problems we face in trying to fight this epidemic. Smoking is not just a behaviour, it is also an addiction, and one, apparently that women find harder to fight than men. The difficulties in quitting, outlined in this report, by women show that it is no longer enough to treat nicotine addiction as a lifestyle issue. Smokers have at least as high a rate of relapse and addiction-related mortality as do heroin addicts, and need the same level of support in fighting their addiction. This must go beyond brief counselling and substitution therapy to more formal support and counselling. The findings of this report suggest strongly that women need intensive, organised and prolonged support if they are to quit smoking, and that the nature of this support may be different from that needed by men.

A worrying finding from this survey is that women seem prepared to reduce their smoking to help the health of their children, but may resume heavy smoking later in life. This would accord with the finding of the National Cancer Registry that lung cancer is increasing most rapidly in older women, and also suggests that more effort needs to be devoted to controlling smoking in middle-aged women, rather than the younger women at whom both pro and anti-smoking advertising seems to be directed.

However, the overall depressing results with regard to permanent smoking cessation point to the need to tackle childhood smoking with much more vigour than we have in the past. The surest way to reduce cigarette addiction is to prevent it. We have been pro-active in Ireland in recent years in introducing regulations and legislation to control tobacco use. However, there is very little control of sale of cigarettes, other than through price increases.

Smoking prevalence among children is still unacceptably high. The results of the recent survey of Health Behaviour in School-Aged Children commissioned by the Department of Health and Children and carried out by the Centre for Health Promotion Studies in the National University of Ireland, Galway provides evidence in this regard. The survey shows that in the middle social class groups, 16% of girls aged 12 – 14 years and 32% of girls aged 15 – 17 years smoke at least one cigarette a day. Taken with the results of the current survey, which shows that 50% of starting smokers among girls bought the cigarettes themselves, this translates into the illegal sale of over 10 million cigarettes a year to under-age girls, some as young as 12 years old, with few prosecutions. It is difficult to imagine any other law on addictive substances being so widely ignored. Controls on smoking in public may be effective in reducing environmental tobacco smoke, but the real target should be ending the plague of teenage smoking. Can we hope, in the future, to see shops closed for selling cigarettes to children in the way that pubs are now being closed for selling them alcohol?

To end more positively, 77% of the women interviewed would like to give up smoking, and 70% have tried, most more than once. We owe it to these women to give them the right type of help, and support when they need it.



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The Office of Tobacco Control (OTC) was established on a statutory basis on 31 May 2002. The remit of the OTC is to support the Government policy of promoting a tobacco free society by fulfilling the functions set out in the Public Health (Tobacco) Act, 2002.

To assist in these duties, a programme of market research has been established, to inform the OTC on consumer attitudes towards smoking and smoking behaviour. In August 2002, the OTC commissioned TNS mrbi to conduct market research in this regard.

Focus of this report

This report focuses on Irish women and tobacco and gender differences, looking specifically at:

- appeal of cigarettes to both men and women
- differences between genders in their smoking prevalence and their attitudes to quitting
- what drives women to quit and what approaches they use.

Research Methodology

Interviews were conducted on a face-to-face basis in the home of the respondent.

The defined universe for this study was all aged 8+ years living in the Republic of Ireland.

How the Respondents were selected

Firstly, the population was stratified by four main regions – Dublin, Rest of Leinster, Munster and Connaught/Ulster. Within these regions, the population was further divided into urban and rural. DEDs (District Electoral Divisions) were then chosen using standard market research sampling procedures. This DED is the primary sampling point.

The second stage involved selecting individuals for interview within each primary sampling point. For each sampling point, the relevant Register of Electors was identified from which one address was randomly selected. It is at this address that the interviewer must commence interviewing. The interviewer then follows a random route procedure, whereby they call at every fifth household in urban areas and every quarter of a mile in rural areas to fulfil their quotas.

Sample Size and Structure

A nationally representative sample of 1,503 people (8+ years) was achieved. Contained within this total of 1,503 interviews is a main sample of 1,012 interviews with a sample of the population aged 8 years and upward, and a booster sample of 491 interviews with 8 – 17 year olds. The purpose of the booster was to obtain a robust representation of people aged 8 – 17 years.

After combining the main and booster samples, data weighting was applied to ensure that the demographic profile of the sample was aligned to that of the total population aged 8+ years.

The table below shows the data before and after weighting. The actual population estimate of 3.21 million people is taken from the 1996 Census and used for weighting purposes. The sample was also weighted by day of week of interviewing. All of the findings are stated in percentage terms as a percentage of the national weighted population.

	Sample Unweighted 1,503 people	Sample Weighted 3.21 million people <i>(National Population from 1996 CSO census)</i>
Age Group		
8 – 17	726	656,000
18 – 24	113	420,000
25 – 44	307	1,016,000
45 – 64	240	704,000
65+	108	414,000
Refused	9	-
Total	1,503	3,210,000
Sex		
Male	741	1,637,000
Female	762	1,573,000
Total	1,503	3,210,000
Social Class		
ABC1F1	672	1,445,000
C2DEF2	803	1,765,000
Refused	28	-
Total	1,503	3,210,000

A number of interesting conclusions can be drawn from the charted findings which follow at pages 14 – 21. The conclusions pertain to aspects of tobacco use among Irish women, including brand appeal of cigarettes, smoking prevalence rates, peer influence, quitting and attitudes to tobacco regulation.

From the outset, it can be observed that cigarettes represent a distinct proposition from a marketing perspective. Unlike many consumer products that are targeted more at one gender than the other, cigarettes as a category appeal to both men and women equally. The tobacco industry has succeeded in developing imagery around smoking that can appeal to both sexes; some images suggest that men can enhance their masculinity by smoking; other images suggest that women can show sophistication by smoking.

Looking specifically at brands of cigarettes we see that particular brands appeal more to men than women, and vice versa. Thus, brands such as John Player, Major and Benson & Hedges have a greater attraction to men, while the Silk Cut brand and the Superking brands are more popular amongst female smokers (*Chart 8*). The brands with definite appeal to young people include Benson & Hedges, John Player and Silk Cut. Roll your own brands do not appear to have any particular appeal to women.

The overall smoking prevalence is 30% (+/- 2.4%)^[1]. In terms of smoking rates amongst men and women, the male rates are slightly higher than the female rates at 31% and 29% respectively (*Chart 1*). The age distribution of smokers differs between men and women. In the age group 18 – 44 years, the smoking rate is 49% of the male population in that age group compared with 38% of the female population in the age group. However, a significant change then takes place in the 45+ years group when the pattern reverses with 27% of all females aged 45+ years smoking, compared with only 21% of males in that age group. This dramatic reduction suggests much more successful quitting results for men. This has implications for tobacco control in that while it is important for organisations involved in tobacco control to rigorously campaign against young people smoking, it is also important to address the question as to why women are more likely to continue smoking.

Male smokers tend to smoke more cigarettes per day than women – averaging at 18 and 14 cigarettes respectively (*Chart 4*). There is a general perception that more young women are smoking compared to their young male counterparts. In the past, smoking was predominantly a male addiction but in recent years smoking prevalence among women has grown considerably to the current position where there is now no appreciable difference between the sexes. In general, the present generation of young women are no more or less likely to smoke than young men. The vast majority of smokers have commenced smoking by the age of 17 years (*Chart 4*). Young women are, however, more inclined to initiate smoking after the age of 17 years than young men, with 25% of female smokers commencing smoking after the age of 17 years, whereas the corresponding figure for men is 12%.

Peer influence on female smokers is strong, with 65% of female smokers stating that their best friend smokes (*Chart 6*), compared with 38% of females generally reporting that their best friend smokes (*Chart 5*). 50% of female smokers live with another smoker (*Chart 6*) whereas 41% of females generally report that they live with a smoker (*Chart 5*).

[1] This is higher than the 27% reported in the 2003 Survey of Lifestyle, Attitudes and Nutrition (SLÁN) carried out by the Centre for Health Promotion Studies, National University of Ireland, Galway. The two studies were undertaken in different time intervals. The difference is unlikely to be statistically significant as the SLÁN survey was based on a much larger sample.

Three quarters of both men and women smokers stated they want to quit smoking and identified 'because smoking is bad for their health' as their main reason for wanting to give up. The secondary reasons are because cigarettes are "too expensive" and that they regard smoking as "a bad habit". It is interesting to note that women tend to be more sensitive to the social norms around smoking – 20% of females cite this as a reason for quitting, as opposed to 12% of men (*Chart 10*). Female smokers are not as confident of the social acceptability of smoking. When asked to measure their reaction to somebody smoking in a no-smoking zone, about half of all female and male ex-smokers reported that they would take no action. However, in terms of taking action, the female ex-smokers would be more likely to move away whereas the males would be more likely to take positive action and ask the smoker to stop smoking (*Chart 14*).

Women and men differ in their attitudes to quitting. When it comes to actually trying to give up, women are more likely to try to quit, while men are more likely to make a greater number of attempts at quitting (*Chart 11*). For smokers who have actually tried to quit, the majority cited personal health concerns and price increase as key motivators. For women, key drivers in trying to quit also included the birth of a child, pregnancy or the death of a family member from a smoking related illness (*Chart 12*).

The majority of smokers (both men and women) rely solely on will-power when trying to quit (*Chart 13*). When it comes to using aids, women rely slightly more than men on nicotine replacement therapy (26% vs. 24%). The other difference between men and women is that women are more likely to rely on self-help books, whereas men rely more on professionals such as hypnotists and acupuncturists. In terms of the age at which men and women quit smoking, there are remarkable similarities between the sexes. Of the ex-smokers surveyed (*Chart 15*), identical results are reported for men and women in the 35 – 44 years group (17% quit when in this age group) and the 45+ years group (31% quit in this age group).

Both men and women, whether smokers or non-smokers, strongly support the majority of tobacco control restrictions to encourage young people not to smoke and are in favour of smoking bans which exist in a number of public areas. If a difference does exist, it is that women express an even greater level of support for these restrictions than men (*Chart 16*)^[2].

Overall conclusion

From a behavioural perspective, cigarettes appeal to both men and women. There are differences in cigarette brand appeal between men and women. Smoking rates for men and women are quite similar, but the age distribution of the smokers differs between the sexes. Men tend to start smoking earlier than women and they tend to smoke a greater number of cigarettes per day. Women, on the other hand, are more likely to start smoking later but are also more likely to continue smoking later in life. Peer influence appears to be a strong factor, with the majority of female smokers reporting that their best friend also smokes. In regard to quitting, women smokers are more influenced by life events and social acceptability issues and are more likely to try to quit than men. However, men are more persistent in their attempts than women and are more likely to succeed. Strong support exists among men and women for restrictions on smoking in public places, with women expressing even greater support than men for these restrictions.

[2] A question regarding attitudes to banning smoking in pubs/restaurants was not included in this survey but was the subject of a separate survey conducted by TNS mrbi on behalf of the OTC. The results, published in June 2003, showed that 67% of those asked supported a ban, with support evenly spread between men and women – 68% men and 66% women. For full results see Appendix 1.

Chart 1: Age Groups of Female Smokers vs. Age Groups of Male Smokers

Base: All smokers aged 8+ years: 1,503

Females	
Overall smoking prevalence:	29%
Age Group	% of females who smoke
8 – 17 years	10
18 – 44 years	38
45+	27
Males	
Overall smoking prevalence:	31%
Age Group	% of males who smoke
8 – 17 years	12
18 – 44 years	49
45+	21

Chart 2: Social Class of Female Smokers vs. Social Class of Male Smokers

Base: All smokers aged 8+ years: 1,503

Females	
Overall smoking prevalence:	29%
Social Class	% of females who smoke
White collar workers and large farmers	22
Non white collar workers and small farmers	34
Males	
Overall smoking prevalence:	31%
Social Class	% of males who smoke
White collar workers and large farmers	24
Non white collar workers and small farmers	37

Chart 3: Academic Attainment of Female Smokers vs. Academic Attainment of Male Smokers

Base: All smokers aged 8+ years: 1,503

Females	
Overall smoking prevalence:	29%
Academic Attainment	% of females who smoke
Still in/stopped after primary school	24
Still in/stopped after post-primary school	31
Still in/stopped after third level	26
Males	
Overall smoking prevalence:	31%
Academic Attainment	% of males who smoke
Still in/stopped after primary school	24
Still in/stopped after post-primary school	37
Still in/stopped after third level	23

Chart 4: Cigarette Smoking Behaviour and History

Base: All smokers aged 8+ years: 344

Average No. of Cigarettes per day					
Average 2002					
Total	16.3				
Female	14.4				
Male	17.9				
Compared to 3 Years Ago		Age Started Smoking			
	% Females	% Males			
Smoking more	29	32	11 or Under	11	8
Smoking less	25	17	12 – 13	18	20
Smoking the same	46	50	14 – 15	22	40
Don't know		1	16 – 17	24	19
			Over 17	25	12
			Couldn't Say	-	1

Chart 5: Peers and Parental Impact

Base: All aged 8+ years: 1,503

Does Your Best Friend Smoke One or More Cigarettes Per Week on Average?

	% Females	% Males
Yes	38	37
No	62	63

Does someone in the Household Smoke One or More Cigarettes per week on Average?

	% Females	% Males
Yes, smoker in household	41	39
No, no smoker in household	59	61

Breakdown of Smokers in Household

	% Females	% Males
Parents	35	36
Grandparents	1	1
Brother/sister	17	23
Son/daughter	18	10
Other	29	31



Chart 6: Peers and Parental Impact on Female Smokers

Base: All female smokers aged 8+ years: 168

Does your Best Friend Smoke One or More Cigarettes per week on Average?

	% Females who Smoke
Yes	65
No	35

Does Someone in the Household Smoke One or More Cigarettes per week on Average?

	% Females
Yes, smoker in household	50
No, no smoker in household	50

Breakdown of Smokers in Household

	% Females
Parents	23
Grandparents	-
Brother/sister	21
Son/daughter	15
Other	41



Chart 7: Source of Cigarettes when First Started Smoking

Base: All smokers aged 8-17 years: 78

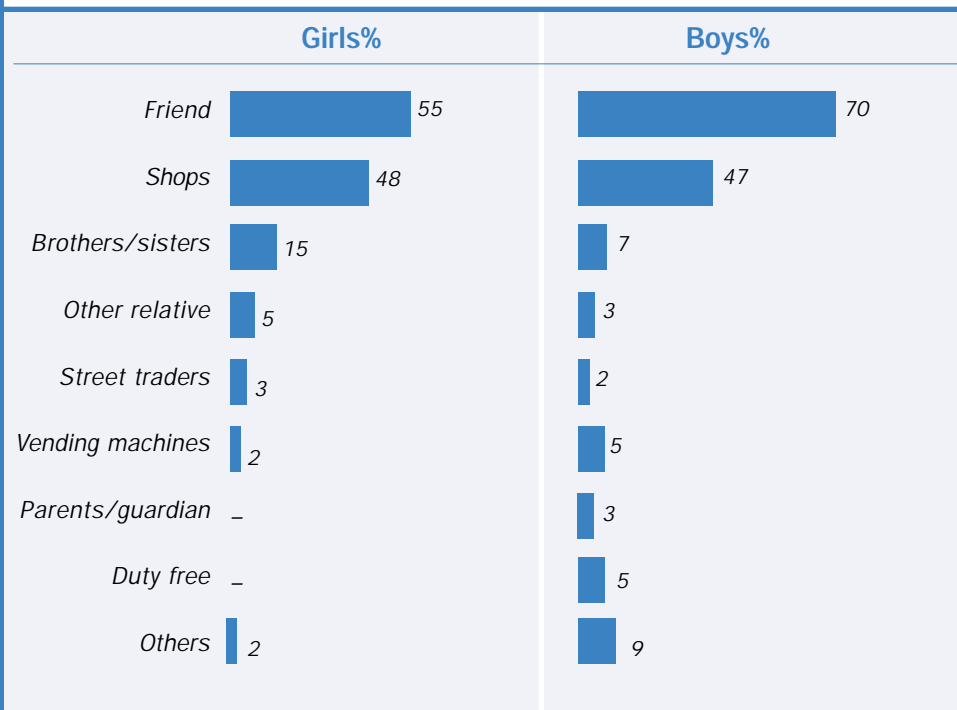


Chart 8: Product Choice and Brand Preference amongst Smokers

Base: All smokers aged 8+ years: 344

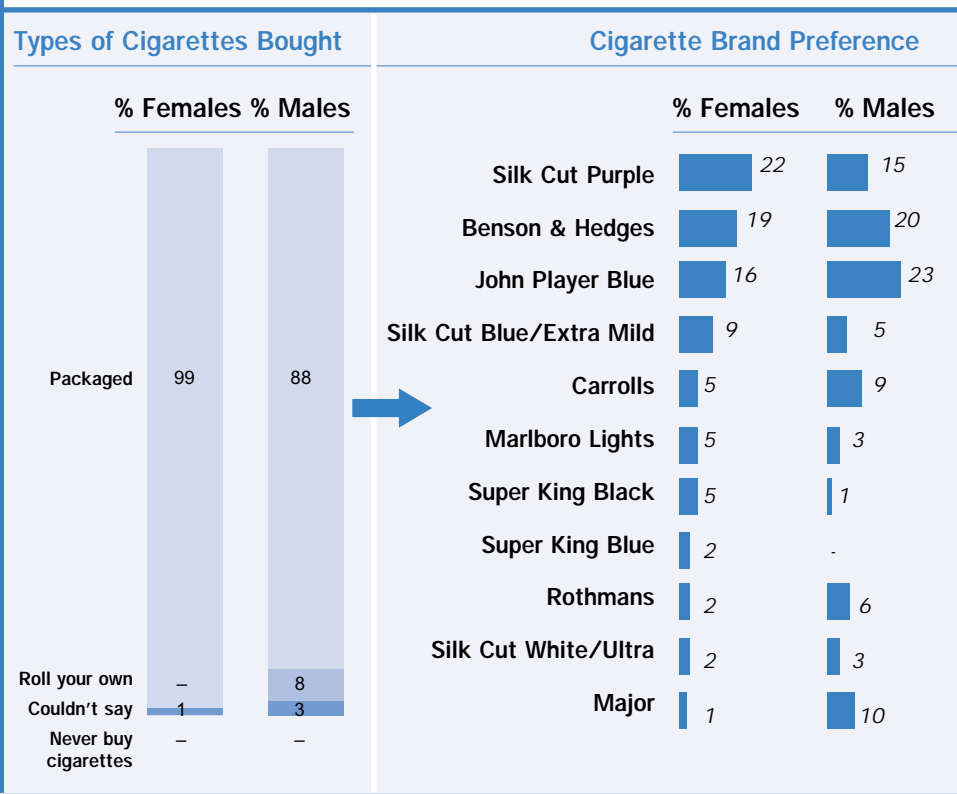


Chart 9: Cigarette Brand Image Profile

Base: All aged 8+ years: 1,503

	'Appeals to young people'		'A brand I like'		'For men more than women'	
	% Females (762)	% Males (741)	% Females (762)	% Males (741)	% Females (762)	% Males (741)
Benson & Hedges	25	29	9	9	12	15
John Player	27	25	9	9	17	20
Silk Cut	34	30	13	8	8	10
Rothmans	5	9	3	2	10	11
Marlboro	13	13	4	4	6	9
Major	4	5	2	4	36	36
Carrolls	7	10	3	5	9	10

Chart 10: Wanting to Quit Smoking

Base: All smokers aged 8+ years: 344

Would you like to Give Up Smoking?

	% Yes
Females (168)	77
Males (176)	75

Why do you say that? (Spontaneous Mention)

(Base: All who would like to quit smoking)

	% Females	% Males
Because smoking is bad for my health		80 80
Too expensive/to save money		45 40
Bad habit	32	29
It's becoming unsociable to smoke	20	12
My doctor advised me to give it up	12	5
Because of nagging by partner		5 12
I'm not allowed to smoke in the house	2	8
Because smoking makes me less appealing to the opposite sex	2	1
Others	7	7

Chart 11: Ever Tried to Give Up Cigarettes?*Base: All smokers aged 8+ years: 344***Have you ever tried to Give Up Smoking?**

	% Yes
Females (168)	68
Males (176)	61

Number of times tried to Give Up Smoking*(Base: All smokers aged 8+ years who ever tried to give up smoking)*

	% Females	% Males
Once	30	23
Twice	29	14
Three times	7	23
Three+ times	25	31
Can't remember	9	9

Chart 12: Why try to Give Up Smoking – Most Influential Reason*Base: All smokers who have ever tried giving up smoking: 219*

	% Females	% Males	
Personal health concerns	32	38	
Price increase	11	11	
Doctor's advice	7	9	
Birth of a child	15	2	
Smell of smoke on clothes	1	4	
Socially unacceptable		2	3
Pregnancy	6	3	
Partner asked/concerned	3	9	
Smoking related death of family member	6	3	
Concerned about appearance	1	–	
Not allowed to smoke at home	–	1	
Dentist's advice	–	–	
Not allowed to smoke in work		–	–
Other reasons	–	–	

Chart 13: Aids and Approaches Used

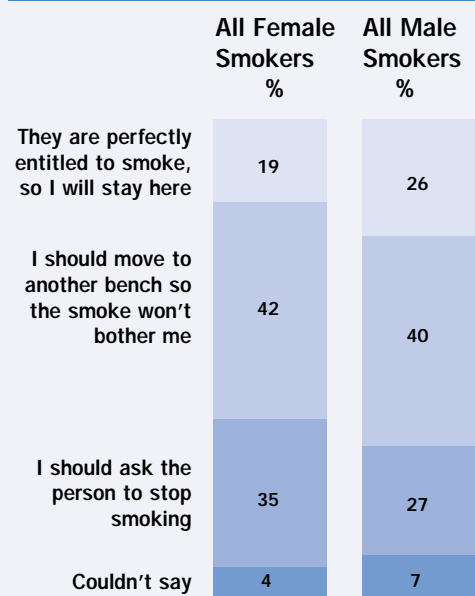
Base: All smokers who have ever tried to give up smoking: 219

Aids and Approaches Used?		
	% Female	% Male
Will-power	76	83
Nicotine patches/gum	26	24
Hypnosis	3	8
Self-help books	7	4
Acupuncture	1	5
Zyban	2	2
Other	4	2
None of these	5	3

Chart 14: Reaction to Other People Smoking

Smoker (344)

"If you were sitting indoors, for example, in a bus or train station having a cigarette and a person who doesn't smoke was sitting beside you, which of the following do you think is most likely to be going through that persons mind?"



Ex-Smoker (185)

"If you were sitting indoors, say, in a bus or train station and the person beside you lit up a cigarette, which of the following would you be most likely to do?"

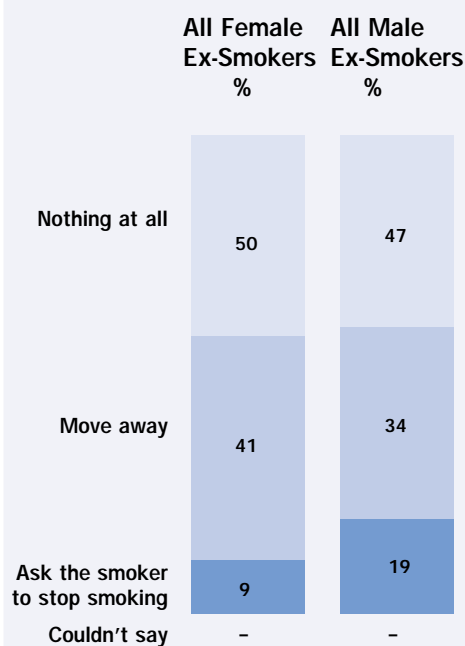


Chart 15: Ever Smoked?

Base: All non-smokers: 1,153

Were you ever a Full-time Smoker?

	% Yes
Females	22
Males	28

At what age did you Give Up Smoking?

(Base: All ex-smokers: 185)

	% Females	% Males
17 years and under	7	5
18 – 25 years	18	20
26 – 34 years	24	20
35 – 44 years	17	17
45+ years	31	31
Not stated	4	7

Chart 16: Support for smoking bans in public areas

Base: All aged 18+ respondents: 768

	% Females	% Males
Pre-schools, crèches, day-nurseries, play grounds	99	97
Kitchens and food preparation areas in hotels and restaurants	98	95
Supermarkets, grocery stores and butchers shops	98	95
Doctors and dentists waiting rooms and retail pharmacies	97	96
Public areas in banks, building societies and financial institutions	95	90
Cinemas, theatres and concert halls	93	91
State owned art galleries, museums and libraries	92	90
Hospitals, nursing homes and other health facilities	92	93
Public offices, meeting rooms, corridors	91	87
Schools, universities and colleges	90	89
Buses, DART and Arrow trains, taxis, cabs, railways and bus stations	90	88
Indoor sports centres, the games area in bowling alleys	90	84
Hairdressing salons and barber shops	86	82

Survey re: attitudes to banning smoking in pubs/restaurants – June 2003

TNS mrbi PHONEBUS Weeks: 9211 Section: 138

Q.1 The Minister for Health and Children proposes to make all workplaces, including pubs and restaurants, smoke free from January 1, 2004. In your opinion should the Minister, in light of opposition from the vintners and publicans, proceed with the ban or not?

Base: All Respondents

		Yes		No		Don't know		Unweighted Total		Weighted Total	
	Total	668	67%	308	31%	25	3%	1002	100%	1002	100%
Smoking Status	<i>Smoker</i>	96	37%	157	61%	5	2%	254	100%	258	100%
	<i>Non-Smoker</i>	572	77%	151	20%	21	3%	748	100%	744	100%
Sex	<i>Male</i>	335	68%	150	30%	9	2%	485	100%	494	100%
	<i>Female</i>	333	66%	158	31%	16	3%	517	100%	508	100%
Age	<i>15 – 24</i>	152	66%	74	32%	3	1%	223	100%	229	100%
	<i>25 – 34</i>	107	57%	77	41%	3	2%	184	100%	187	100%
	<i>35 – 44</i>	116	65%	60	33%	4	2%	188	100%	180	100%
	<i>45 – 54</i>	103	67%	45	29%	6	4%	157	100%	154	100%
	<i>55+</i>	191	76%	52	21%	9	4%	250	100%	252	100%
Social Class	<i>AB</i>	89	77%	26	23%	1	1%	127	100%	116	100%
	<i>C1</i>	174	67%	77	30%	8	3%	281	100%	259	100%
	<i>C2</i>	158	67%	74	31%	3	1%	213	100%	235	100%
	<i>DE</i>	159	59%	103	38%	10	4%	270	100%	272	100%
	<i>F</i>	88	73%	28	23%	5	4%	111	100%	120	100%
Area	<i>Dublin</i>	183	61%	111	37%	4	1%	290	100%	299	100%
	<i>ROL</i>	168	70%	65	27%	7	3%	226	100%	240	100%
	<i>Munster</i>	194	69%	77	28%	9	3%	292	100%	280	100%
	<i>Conn/Ulster</i>	124	67%	55	30%	5	3%	194	100%	183	100%
Employment Status	<i>Working</i>	381	64%	200	34%	11	2%	599	100%	593	100%
	<i>Student</i>	87	69%	39	31%	–	–	121	100%	127	100%
	<i>Housewife</i>	67	72%	20	22%	5	6%	95	100%	92	100%
	<i>Retired</i>	104	73%	35	25%	4	3%	145	100%	143	100%
	<i>Unemployed</i>	23	58%	14	35%	3	7%	35	100%	40	100%
Age of Children in Household	<i>0 – 5</i>	81	60%	50	37%	5	3%	133	100%	135	100%
	<i>6 – 9</i>	74	69%	30	28%	3	3%	111	100%	108	100%
	<i>10 – 17</i>	168	65%	84	33%	5	2%	268	100%	257	100%
	<i>None</i>	423	67%	188	30%	17	3%	618	100%	627	100%
Housekeeping	<i>Resp</i>	327	68%	140	29%	13	3%	481	100%	480	100%
	<i>Other</i>	341	65%	168	32%	13	2%	521	100%	522	100%