

COMMISSION
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EUROPE AGAINST CANCER

EUROPEANS AND CANCER PREVENTION

Food consumption habits, smoking and cancer
screening for women

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EUROPEANS AND THE PREVENTION OF CANCER IN 1988 :Smoking, consumption of fruit and vegetables, screening
for women's cancers

(Summary of a survey)*

(European Commission staff working document)

The "Europe against Cancer " programme was launched in 1986 in accordance with a decision of the Heads of State and Government of the twelve countries of the European Community (1). It covers four fields : prevention of cancer; information and education on health; training of health-care staff; research.

In the field of information and education on health, the European programme provides for a systematic and continuous study of attitudes and behaviour of the general public as regards the various aspects of cancer prevention formulated in the form of the "European Code Against Cancer" drawn up by the Committee of senior cancer specialists appointed to advise the Commission of the European Communities (see attached table).

An initial survey was carried out in the field in spring 1987 in order to assess, at the outset of the programme, the European population's familiarity with the European Code as well as the extent of its application (see attached table of the principal results), (2).

The new survey, presented here in summary form, constitutes an extension, and, in certain respects, an amplification of the first survey.

Carried out in the field in spring 1988, it covers three main fields :

- 1) desire to give up smoking;
- 2) frequency of consumption of fresh fruit and vegetables;
- 3) screening of women for cancer by means of cervical smear tests and mammographies.

The names of the institutes responsible for the survey and the size of the samples used are given in the Annex.

* The full report will be available, in French and in English, at the beginning of 1989.

(1) See Official Journal of the European Communities, OJ C 50, 25 February 1987 (63 pages) and brochure "Europe against Cancer" of March 1983 (19 pages)

(2) "Europeans and the prevention of Cancer in 1987", European Commission, summary of October 1987 (16 pages + Annexes); final report of June 1988 (87 pages + Annexes).

I. SMOKING AND THE DESIRE TO STOP

The subject of tobacco consumption was largely dealt with in the survey of spring 1987. The key questions concerning consumption were repeated in this survey so as to make further progress in the study of the duration of addiction and the desire to stop smoking.

Regarding the general data on consumption, the 1988 survey confirms the previous results as regards both the proportion of the population which smokes and the quantities consumed. As far as the desire to reduce tobacco consumption is concerned, one may note the following.

In 1987, a question was put to smokers to detect any desire to reduce their consumption or give up altogether. One year later a very slight increase was found in the percentage of smokers who would like to stop. It is still too early to attribute this trend to the effects of the awareness campaigns launched in 1988 but it does provide a pointer in the right direction, though it may be difficult to compare trends in different countries since they may have been at different levels of awareness in 1987.

Attitudes are relatively uniform in the countries of the Community with the following exceptions :

- in Germany, the desire to moderate or halt tobacco consumption is far below the European average. Campaigns to make the public aware of the dangers of smoking therefore still have a long way to go.
- In Greece, Italy and Portugal, the desire to change is well above the European average. Henceforth, action to assist those wishing to break the habit should therefore be stepped up.

Country *	Average % of smokers in 87-88	% of those wanting to stop smoking or reduce their consumption	
		1987	1988
. ITALIA	34	63	69 +
. PORTUGAL	28	63	69 +
. ELLAS	43	60	71 +
. IRELAND	34	60	61 =
. UNITED KINGDOM	36	59	59 =
. FRANCE	38	57	64 +
. ESPANA	38	55	54 =
. LUXEMBOURG	36	55	55 =
. BELGIQUE	35	52	60 +
. DANMARK	45	49	50 =
. NEDERLAND	43	44	47 +
. DEUTSCHLAND	36	38	39 =
EUROPEAN COMMUNITY	36	53	56 +

* (in decreasing order of replies in 1987)

Lastly, a comparison of the 1987 and 1988 figures for all the countries reveals a clear increase in the desire to moderate consumption in five countries : Greece, Belgium, Italy, France and Portugal.

II. FREQUENCY OF CONSUMPTION OF FRESH FRUIT AND VEGETABLES

The connection between diet and cancer - as well as other diseases - is based on the observation of differences in the health of populations with different lifestyles. Although many studies and much research is still needed in order to understand the precise role and relative importance of vitamins and fibres and the exact mechanisms by which they work, the beneficial role of these two categories of products is widely recognized today. It is for this reason that the European Code against Cancer advocates "frequent" consumption of fresh (or frozen) fruit and vegetables.

The Committee of cancer experts appointed to advise the Commission express that it was not yet possible to quantify in a general way this instruction insofar as the ideal quantity of the consumption of such products depends very much on the characteristics of each individual. However, the Cancer experts recommend a high frequency of consumption of fresh fruit and vegetables. Some experts even state that the ideal frequency is "twice per day", i.e. at each meal. In practice, the frequency of consumption can be classified as follows :

CONSUMPTION OF FRESH FRUIT AND/OR VEGETABLES

- . good : every day or almost
- . average : 3 or 4 days a week (every other day)
- . low : 1 or 2 days a week
- . lacking : less frequently or never

	Good	Average	Low	Lacking	TOTAL
COMMUNITY AS A WHOLE	73%	17%	8%		100%
Belgium	78	15	5	2	100
Denmark	65	19	14	2	100
Deutschland	45	31	19	5	100
Ellas	71	21	5	3	100
España	84	10	4	2	100
France	78	16	5	1	100
Ireland	77	18	4	1	100
Italia	86	9	3	2	100
Luxembourg	77	18	4	1	100
Nederland	87	9	3	1	100
Portugal	69	21	7	3	100
United Kingdom	76	16	7	1	100

In the European Community as a whole, an average of nearly three quarters of those interviewed claimed to consume fruit or vegetables or both every day or almost. This "ideal" consumption is higher than

elsewhere in the Netherlands (87%), Italy (86%) and Spain (84%).

By contrast, consumption is by far the lowest in Germany (45%). This situation should be compared with the very high rate of deaths from cancer of stomach in Germany. Even more significant is the very high percentage of Germans whose diet is deficient in fruit and vegetables. More precisely, 5% of the German population say that they consume this type of product rich in vitamins and fibre less than once a week, if ever (see attached table).

The conclusions to be drawn from this survey are particularly interesting in their implications for the European Agriculture and for the promotion of health. On the one hand this survey reveals a large potential for the increase of fruit and vegetable consumption in the European Community. Obviously, the above results do not allow any precise quantification since they concern frequency of consumption and not actual level. However, there is no doubt that the potential for growth is probably larger than 27%, this figure being the percentage of Europeans whose frequency of intake is not ideal. Indeed, it is probable that out of 73% of Europeans who do consume fruit and vegetables with a good frequency -i.e. once a day or almost- there may be some who consume these in insufficient quantities, especially if one considers the level judged ideal by certain anti-cancer associations and bodies, i. e. two pieces of fruit and 400 grammes of vegetables per day...

III. SCREENING FOR WOMEN'S CANCERS

Frequency of cervical smear tests

The European Code advocates that women undergo regular cervical smear tests throughout the period of their life in which they have regular sexual relations.

From a public health point of view, it is generally recommended to do this test every two to three years, provided that in the reference period, the women concerned obtained two satisfactory (i.e. negative) results at six months of intervalle.

The replies received from European women concerning the frequency of examinations were as follows :

	Out of 100 women who undergo examinations	Out of all women
. every year	38%	18%
. every 2 or 3 years	26	13
. every 4 or 5 years	11	5
. less often	18	9
no reply	7	3
	<hr/>	<hr/>
TOTAL	100	48

If one considers both the percentage of women who undergo smear tests and the frequency with which they are tested, the European countries can be classed in four groups :

- France and Luxembourg : slightly more than one woman in two undergoes a smear test at least every 2 or 3 years.
- Germany, Denmark, United Kingdom and Belgium : roughly one woman in three undergoes a smear test at least every 2 or 3 years.
- Italy and the Netherlands : the proportion is about 1 woman in 4.
- In the other countries, the figure is lower than 1 woman in 5, especially in Spain (7%) and Portugal (3%).

As the following table shows, women's access to cancer screening tests varies greatly according to the country. Whereas 48% of all European women have already undergone this test at least once, only 30% of Greek, 12% of Spanish and 6% of Portuguese women have had at least one smear test in their life.

Even in the Northern European countries, where the corresponding figures are higher, quite unsatisfactory situations are to be found in relation to the recommendations of the European cancer specialists. For example, in France or the United Kingdom, which are the most advanced in the field, nearly one third of women have never had this test. Moreover, 41% of French women are in a totally unsatisfactory situation, i.e. they have either never had the test (30%) or they have undergone tests at intervals of more than five years (11%).

Lastly, when calculation is based on the frequency recommended for this type of screening, i. e. every two years, the following classification is reached : the United Kingdom stands in the lead (42%), far ahead of the Netherlands (28%), Ireland (26%), France and Denmark (19%), Germany (14%), Belgium (12%), Italy (11%), Greece and Luxembourg (10%), Spain (2%) and Portugal (1%). However, these results must be interpreted with care since in certain cases, cervical smear tests are carried out for other reasons than detecting cancer.

CERVICAL SMEAR

Experience and frequency
according to country
(out of 100 women aged 15 or more)

COMMUNITY AS A WHOLE	Already undergone				Never undergone
	Every	2/3	4/5	less	
	year	years	years	often	
	17%	12%	5%	14%	52%
Belgium	22	10	2	9	57
Denmark	21	15	4	22	38
Deutschland	29	10	4	4	53
Ellas	10	7	3	10	70
España	6	1	1	4	88
France	40	15	4	11	30
Ireland	2	16	10	17	55
Italia	16	8	3	13	60
Luxembourg	47	8	2	6	37
Nederland	8	20	8	19	45
Portugal	2	1	.	2	94
United Kingdom	5	27	15	20	33

Who performs the smear test ?

Replies to this question varied greatly according to the country. Use of ordinary medical services or a GP is dominant in Denmark (71%), the United Kingdom (61%) and the Netherlands (56%) where screening programmes actively involve this sector of the medical service.

A visit to a hospital, a clinic or a diagnostic centre is usual in Italy (60%) and Ireland (45%).

In the other countries, particularly Luxembourg (93%) and Germany (88%), the gynaecologist plays the dominant role, which does not resolve the problem of menopausal women who are nonetheless not exempt from cervical cancers.

WHO PERFORMS CERVICAL SMEAR TESTS
(replies per 100 women who undergo the test)

	(1)	(2)	(3)	No Reply	Total
COMMUNITY AS A WHOLE (women)	28%	48%	22%	2%	100%
Belgium	26	68	4	2	100
Denmark	71	7	13	9	100
Deutschland	8	88	4	-	100
Ellas	7	53	40	-	100
España	6	57	18	17	100
France	22	68	8	2	100
Ireland	25	28	45	2	100
Italia	2	36	60	2	100
Luxembourg	3	93	1	3	100
Nederland	56	20	20	4	100
Portugal	23	50	20	7	100
United Kingdom	61	6	30	3	100

- (1) G.P.
- (2) Gynaecologist
- (3) Hospital, clinic, screening centre.

Mammography

Today, the effectiveness of systematic screening by mammography no longer as to be proved. It is for this reason that the European Code advocates that women regularly undergo this examination. In the opinion of many cancer specialists, the appropriate starting age for such an examination is 50. Further studies are needed to determine whether, from the point of view of "public health", a reduction in this age to 40 is warranted. Furthermore, a frequency of 2 or 3 years is considered appropriate.

Expressed in general terms, only 17% of European women aged 50 or more have already undergone this type of screening test. Furthermore, the large majority of these women did not undergo the test with the recommended frequency because only 6% of women underwent mammographies at intervals of less than 3 years. Finally, the country coming closest to the recommendations of the European cancer specialists is Germany where only one women in six has undergone mammographies at less than 3-years intervalls.

MAMMOGRAPHY
Experience and frequency among women aged 50 or above (1)

	Number of women in the sample	Already undergone			Never undergone
		Every year	2/3 years	less often	
COMMUNITY AS A WHOLE	2215	3%	3%	11%	83%
Belgique	179	6	4	11	79
Danmark	167	3	2	17	78
Deutschland	175	7	10	18	65
Ellas	201	—	1	8	91
España	226	2	2	6	90
France	156	5	1	22	72
Ireland	165	—	1	5	94
Italia	186	4	3	20	73
Luxembourg	43	(9)	(7)	(23)	(61)
Nederland	135	1	1	15	83
Portugal	216	—	1	8	91
United Kingdom	266	—	2	7	91

(1) The country results have to be interpreted with care, due to the small size of each sub-sample

Thus, all the countries of the European Community still have a long way to go in complying with the recommendations of the European cancer specialists.

Annex 1 : General characteristics of survey

This survey was carried out on behalf of the European Commission by "The European Omnibus Survey" which comprises the following institutes : DIMARSO (Belgium), GALLUP (Denmark), EMNID-INSTITUT (Germany), ICAP (Greece), GALLUP (Spain), INSTITUT LAVIALLE (France), IRISH MARKETING SURVEYS (Ireland), DOXA (Italy), ILRES (Luxembourg), NIPO (Netherlands), NORMA (Portugal), GALLUP (United Kingdom). Coordination work was carried out by FAITS ET OPINIONS (France).

An identical questionnaire was put to national samples representative of the population over 15 years of age between 18 March and 29 April 1988. A total of 11 729 people were interviewed orally in their own homes by professional surveyors : Belgium (1022), Denmark (1009), Germany (1007), Greece (1000), Spain (1017), France (993), Ireland (992), Italy (1021), Luxembourg (300), Netherlands (1023), Portugal (1000), United Kingdom (1345).

Annex 2 : EUROPEAN CODE AGAINST CANCER

CERTAIN CANCERS MAY BE AVOIDED

1. **Do not smoke**
Smokers, stop as quickly as possible and do not smoke in the presence of others
2. **Moderate your consumption of alcoholic drinks,**
beers, wines or spirits
3. **Avoid excessive exposure to the sun**
4. **Follow health and safety instructions,**
especially in the working environment concerning production, handling, or use of any substance which may cause cancer

Your general health will benefit from the following two commandments which may also reduce the risks of some cancers :

5. **Frequently eat fresh fruits and vegetables and cereals with high fibre content**
6. **Avoid becoming overweight**
and limit your intake of fatty foods

**MORE CANCERS WILL BE CURED
IF DETECTED EARLY**

7. **See a doctor if you notice a lump or observe a change in a mole or abnormal bleeding**
8. **See a doctor if you have persistent problems,**
such as a persistent cough, a persistent hoarseness, a change in bowel habits or an unexplained weight loss

For women :

9. **Have a cervical smear regularly**
10. **Check your breast regularly**
and, if possible, undergo mammography at regular intervals above the age of 50.

European Commandments for cancer prevention

Knowledge and (bold type) application (per 100 persons questioned) ¹

	EC	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK
Do not smoke	88 63	76 68	90 54	76 64	98 57	92 59	91 62	97 67	98 67	86 65	84 56	85 67	88 63
Moderate consumption of alcoholic drinks	49 53	41 55	61 25	39 37	57 67	52 68	71 74	46 42	62 66	55 66	35 41	53 43	26 34
Avoid excessive exposure to the sun	52 33	49 37	67 22	47 28	55 33	37 27	59 49	65 17	53 36	63 43	56 28	32 22	61 29
Eat sufficient fresh fruit and vegetables ²	34 73	33 73	69 66	33 68	54 76	27 72	23 80	47 56	48 80	44 83	38 73	21 35	30 71
Eat sufficient cereals high in fibre	30 35	32 44	64 57	33 38	31 30	18 16	19 29	56 53	36 21	36 44	36 58	13 13	33 58
Avoid becoming overweight	35 34	33 26	59 36	36 40	39 39	30 26	25 41	39 19	51 32	44 44	31 38	30 17	27 31
Eat low-fat foods	35 38	37 35	69 36	31 35	45 45	27 34	29 39	36 29	56 45	45 41	38 43	24 21	27 39
See a doctor if a beauty spot bleeds or changes size or colour	58	41	85	58	74	46	64	79	69	59	63	34	46
See a doctor for any unusual weight gain, abnormal bleeding, persistent cough or change in voice	58	44	88	52	73	56	64	83	65	63	69	32	54

¹ Source: 'European and cancer prevention', survey carried out by the European Omnibus Survey for the Commission of the European Communities, from 17 March to 8 May 1987 (11 651 persons aged 15 years or over questioned in the 12 Community countries). The totals given for the Community (EC) are weighted averages.

² The figures in bold type are the percentages for persons who 'often' pay attention to the consumption of fresh fruits.

European cancer prevention commandments which specifically concern women

Knowledge and (bold type) application (per 100 persons questioned) ¹

	EC	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK
Have a regular cervical smear	75 43	61 36	87 45	73 46	86 27	41 12	88 60	86 30	77 40	80 61	84 49	19 9	89 55
Check their breasts regularly	84 50	69 45	86 48	86 64	75 26	65 26	89 58	93 44	90 45	89 57	87 56	55 29	91 55
Have mammographies done after the age of 50	58 13	45 18	62 6	57 18	53 4	46 8	67 16	35 2	70 11	64 23	43 6	25 3	60 13

F I N A L R E P O R T

PREFATORY NOTE

THIS EUROPEAN PUBLIC OPINION SURVEY HAS BEEN CARRIED OUT IN THE 12 COUNTRIES OF THE EUROPEAN COMMUNITY BY "THE EUROPEAN OMNIBUS SURVEY", A COMPANY REPRESENTING A GROUP OF 12 NATIONAL INSTITUTES BELONGING TO "GALLUP INTERNATIONAL". INTERNATIONAL COORDINATION HAS BEEN CARRIED OUT BY MRS HELENE RIFFAULT AND MR JEAN-FRANCOIS TCHERNIA OF "FAITS ET OPINIONS" (PARIS).

AN IDENTICAL QUESTIONNAIRE WAS CONDUCTED ON A NATIONAL BASIS BETWEEN 18 MARCH AND 29 APRIL 1988, BY WAY OF EXTENSION TO EUROBAROMETER 29, USING REPRESENTATIVE SAMPLE RESPONDENTS AGED 15 YEARS OR OVER. IN TOTAL, 11 729 PERSONS WERE QUESTIONED ORALLY AT THEIR HOMES BY TRAINED INTERVIEWERS.

* * *

AS IS CUSTOMARY IN THE CASE OF THIS TYPE OF RESEARCH PROJECT, THE COMMISSION ACCEPTS NO RESPONSIBILITY FOR THE FORMULATION OF THE QUESTIONS, OR THE RESULTS PRESENTED, OR COMMENTS MADE IN THE SURVEY.

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LIFESTYLES OF EUROPEANS AND CANCER PREVENTION

A public opinion survey in the
twelve countries of the European Community

The "Europe Against Cancer" Programme was launched in 1986 following a decision by the Heads of States and Government of the twelve member countries of the Community.¹ It covers four areas: cancer prevention, information and health education, training of health personnel and research.

With regard to information and education of the public, the Programme provides for a systematic and continuous study of public attitudes and behaviour in respect of the various aspects of cancer prevention as formulated in the "European Code Against Cancer" by the high-level Committee of Cancer Specialists set up under the auspices of the Commission of the European Communities.

An initial sample survey, carried out in spring 1987, appeared as a working paper at the beginning of October 1987 and was recently published in the form of a more detailed report.² Three themes are covered in the report: Europeans and their health, cancer and its prevention, and the question of smoking.

This new survey in the form of a working paper, which will also form the subject of a subsequent report, follows on from the first survey and in certain areas goes into greater detail.

1 See Official Journal of the European Communities, C 50, 25.2.1987.

2 "Europeans and cancer prevention", Brussels, June 1988.

Undertaken in spring 1988, the survey covers five main areas:

- (i) food consumption habits considered to have an effect - positive or negative - on the development of cancer (fresh fruit and vegetables, milk and coffee, alcoholic beverages);
- (ii) monitoring one's weight, since obesity increases the risk of certain forms of cancer;
- (iii) smoking, considered by all specialists as the principal cause of much illness, in particular certain forms of cancer;
- (iv) public knowledge of the content of the European Programme Against Cancer;
- (v) screening tests for women (vaginal smear and mammography).

CHAPTER ONE
FOOD CONSUMPTION HABITS

1. FOOD CONSUMPTION HABITS

The relationship between food and cancer - among other diseases - is based above all on the observation of differences in the state of health of people with differing lifestyles. There is no important difference of opinion on this. The European Code Against Cancer recommends, therefore, the frequent consumption of fresh (or frozen) fruit and vegetables, for their vitamin and fibre content, and a moderate consumption only of alcoholic beverages.¹

This is, to our knowledge, the first time that a survey has been carried out in as many as twelve countries - the member countries of the European Community - concerning nine food products of regular consumption, chosen after consultation with experts.

The nine products are:

- (i) fresh fruit juices (or frozen, but not tinned or concentrated juices);
- (ii) fresh fruit;
- (iii) fresh vegetables (or frozen, but not tinned vegetables);
- (iv) milk;
- (v) coffee;
- (vi) wine, non-water-diluted;
- (vii) beer;
- (viii) aperitifs;
- (ix) spirits.²

1 The French terms "boissons alcooliques" and "boissons alcoolisées" (alcoholic beverages) are used synonymously in this document.

2 For the formulation of the question in the questionnaire, see annex.

As will be noted, these products include some whose consumption is recommended by experts (including cancer specialists); for others, consumption is specifically not recommended, or else only in moderation; various others still, such as milk and coffee, are products over which there is controversy concerning their impact on health, but it was judged appropriate to include them in the list in order to, as it were, reassure the respondent and try and thereby avoid socially (or psychologically) conformist answers.

It was simply not feasible, in a survey of this type, to question people in detail concerning daily quantities consumed. On the basis of expert advice, two evaluation methods were employed in conjunction:

- (i) first, each person was asked: "How frequently do you consume the following products? Daily or nearly every day, three or four days a week, once or twice a week, less frequently, never?"
- (ii) next, and for the same items, a further question referring to consumption the previous day: "Did you consume any at the midday meal? At the evening meal? For breakfast? Outside mealtimes (for example, before breakfast or during the afternoon, or after the evening meal, etc.?"¹

Since a systematic comparison of the answers obtained using each of these two methods produced markedly similar results, it was decided, for the purposes of this report, to base the analysis on consumption frequency rather than on the data showing the specific consumption of the previous day.

¹ In addition, a prior question was put, asking whether, on the previous day, the person questioned had eaten and drunk "essentially as normal, rather more than normal, rather less than normal".

Overall view of European food consumption habits, country by country

The survey provides information on consumption frequency for nine categories of product. The categories will, subsequently, be amalgamated into families of products, in particular for vitamin products (fruit juices, fresh fruit, fresh vegetables) and alcohol-based products (wine, beer, aperitifs, spirits).

However, this being the first time that food habits have been the subject of the same study focus in the twelve Community countries, we shall first present an overall picture for all categories of products, with the aim of highlighting similarities or differences in consumption from country to country.

To simplify this overall view, the first table is concerned purely with "frequent" consumption. Consultation with a cancer specialist produced a definition of frequent consumption as follows:

- for fruit juices, fresh fruit and fresh vegetables: consumption at least three or four times a week;
- for milk and coffee: daily consumption;
- for wine, beer, aperitifs or spirits: consumption at least three or four times a week.

In the following tables a distinction will be drawn also between average and occasional consumption. However, let us look first at the results from the first simplified table on frequent consumption.

The range of responses from country to country was measured with the aid of the Pearson variation coefficient (standard variation divided by the European average, multiplied by 100). The range is:

- relatively small for fresh fruit and vegetables;
- very wide for alcoholic beverages: especially wine, but also aperitifs, wine and spirits;
- average for coffee, milk and fruit juices.

Fresh fruit: On average three out of four Europeans eat fresh fruit at least three or four times a week. The countries with the most frequent consumption are Italy (92%), Greece, Spain, the Netherlands, Luxembourg and France (approx. 80%). The least frequent consumption is in the United Kingdom (69%), Germany (66%) and Ireland (55%).

Fresh vegetables: On average three out of four Europeans eat fresh vegetables at least three or four times a week. The countries with the most frequent consumption are the Netherlands, Ireland, Belgium and Luxembourg (roughly nine people out of every ten). The country with the least frequent consumption is Germany (59%).

Fresh fruit juice: On average three out of ten Europeans. Five countries are well above the average: the United Kingdom, Greece, Denmark, the Netherlands and Ireland.

Milk: Daily consumption by rather less than one European out of every two on average. (Cups or glasses of milk and not milk-based products). Spain (78%), the Netherlands (66%) and Denmark (63%) are very clearly ahead of other countries. By contrast, milk consumption is infrequent in Germany (29%), the United Kingdom (26%), and Belgium (25%).

Coffee: On average seven out of every ten Europeans drink coffee daily. In Germany, Luxembourg and the Netherlands, the proportion is 80% or more. Ireland comes well below the average (32%).

Wine: As already stated, among the products studied, wine was the item where the largest national differences were observed. Daily consumption is highest in Italy (38%) and Portugal (35%), and well above the European average in France (29%) and Spain (23%). By contrast, consumption is very low (less than 5%) in Denmark, Germany, the United Kingdom and Ireland. On average, 17% of Europeans consume wine frequently.

Beer: The number of daily consumers is well above the average in Belgium (17%) and Spain (15%). The lowest consumption was observed in Ireland (3%). On average, 7% of Europeans consume beer regularly.

Aperitifs: To illustrate the variety of products covered under this heading, the researchers gave by way of example: vermouth, port, sherry, muscatel and sweet wine. Four per cent of Europeans admit to drinking aperitifs at least three or four times a week. Above this average are the Netherlands (7%), France and Belgium (6%) and below it: Denmark, Germany and Ireland.

Spirits: Examples given for this category were: whisky, gin, cognac, liqueurs, grappa and genever. On average, 5% of Europeans drink spirits three or four times a week. The countries with the most frequent consumption are Greece (11%) and the Netherlands (8%).

FOOD HABITS BY COUNTRY:
OVERALL SURVEY OF FREQUENT CONSUMPTION

1. FRUIT JUICE, at least three or four days a week
2. FRESH FRUIT, at least three or four days a week
3. FRESH VEGETABLES, at least three or four days a week
4. MILK, daily
5. COFFEE, daily
6. WINE, daily
7. BEER, daily
8. APERITIF, at least three or four days a week
9. SPIRITS, at least three or four days a week

	1	2	3	4	5	6	7	8	9
	%	%	%	%	%	%	%	%	%
BELGIQUE	24	71	89	25	78	6	17	6	4
DANMARK	38	70	68	63	78	3	10	1	3
DEUTSCHLAND	23	66	59	29	80	3	12	1	5
ELLAS	38	83	81	44	72	14	6	4	11
ESPANA	30	84	73	78	61	23	15	5	6
FRANCE	28	79	85	48	79	29	5	6	4
IRELAND	33	55	92	49	32	1	3	1	3
ITALIA	15	92	77	52	74	38	5	4	5
LUXEMBOURG	28	81	88	38	82	11	10	3	4
NEDERLAND	35	83	93	66	85	5	8	7	8
PORTUGAL	25	75	83	53	56	35	9	2	4
UNITED KINGDOM	42	69	87	26	63	2	6	3	7
EC	28	77	77	45	72	17	7	4	5

PEARSON
VARIATION
COEFFICIENT (24.5) (12.7) (12.1) (33.1) (20.5) (91.8) (46.0) (56.3) (42.2)

Vitamin products: fresh fruit juices, fresh fruit and fresh vegetables

From the point of view of a balanced diet, consumption of one or other of the fresh products mentioned in the survey (fruit juice, fruit and vegetables) will ensure a certain quantity of vitamin intake. Since fibre products represent a category of their own, we have treated fruit and vegetables as a separate case.

With regard to the three products considered collectively, it appears that one or other product is consumed at least three or four days a week by almost all Europeans (91%). There is therefore no significant deficiency in this area. Germany alone stands out from the other Community countries: only 77% of Germans admit to frequent consumption of one or other of these vitamin products (2% of Europeans consume these three products only rarely or never at all).

Broadly speaking, women still have a slight edge over men in consumption of vitamin products, but the differences according to sex are very small in all the countries.

Young people are slightly more numerous consumers of fruit juices, but the elderly consume rather more fruit and especially fresh vegetables; hence, in terms of consumption of vitamin products overall, the differences by age are very small.

The income factor produces slightly larger differences: people with modest incomes consume fruit juices and fresh vegetables less frequently.

.
. .

In the view of cancer specialists, special attention should be given to consumption of fresh (or frozen) fruit and vegetables, though it is still not scientifically possible to quantify accurately the optimum consumption level. Without going into this debate here, we will simply observe

that, in the Community as a whole, taking an average, nearly three quarters of those questioned (73%) said they consumed fresh fruit or vegetables, or both, daily.

The highest consumption level proved to be in the Netherlands (87%), Italy, (86%) and Spain (84%). The lowest consumption, by far, is in Germany (45%); 5% of people questioned in Germany would indeed appear to be deficient in their diet of fresh (or frozen) fruit and vegetables, their consumption rate being less than once a week, or zero.¹

¹ The low consumption of fresh fruit and vegetables in Germany cannot but be seen as potentially connected with that country's relatively high rate of deaths from stomach cancer. More extreme research into this possibility would certainly be warranted.

FRUIT JUICES, FRESH FRUIT AND VEGETABLES

Consumption at least 3 or 4 days a week

	fresh fruit juice	fresh fruit	fresh vegetables	at least one of these products
Percentage average	38%	77%	77%	91%
By age				
. 15 to 24 years	36	74	73	91
. 25 to 39 years	29	75	76	90
. 40 to 54 years	25	78	80	91
. 55 years and over	24	79	80	92
By income level				
. low income (I--)	25	75	74	88
. below average income (I-)	26	74	75	89
. above-average income (I+)	26	80	81	94
. high income (I++)	33	78	80	92

VITAMINS

CONSUMPTION OF ONE OR MORE OF THE FOLLOWING PRODUCTS:
FRESH FRUIT JUICE, FRESH FRUIT, FRESH VEGETABLES

F = frequent consumption: at least one of the three products
consumed daily or 3 or 4 days a week
A = average consumption
I = infrequent consumption: the three products consumed less than one
day a week or never

	MEN AND WOMEN			MEN			WOMEN		
	F	A	I	F	A	I	F	A	I
BELGIQUE	94	5	1	93	5	2	95	4	1
DANMARK	87	11	2	83	14	3	91	8	1
DEUTSCHLAND	77	19	4	71	24	5	82	15	3
ELLAS	93	5	2	91	6	3	95	4	1
ESPANA	95	3	2	92	5	3	97	2	1
FRANCE	95	5	-	94	5	1	96	4	-
IRELAND	95	4	1	94	5	1	96	3	1
ITALIA	97	2	1	95	3	2	98	2	-
LUXEMBOURG	96	3	1	94	5	1	99	1	-
NEDERLAND	97	3	-	95	4	1	98	2	-
PORTUGAL	92	6	2	89	8	3	93	5	2
UNITED KINGDOM	93	6	1	91	7	1	94	5	1
EC	91	7	2	89	9	2	93	6	1

NB: Category A = average consumption arrived at by subtraction of F + I
from 100

CONSUMPTION OF FRESH FRUIT AND/OR VEGETABLES

1. High frequency: one and/or the other daily
2. Average frequency: one and/or the other 3 or 4 times a week
3. Low frequency: one and/or the other once or twice a week
4. Deficient consumption: one and/or the other less than once a week or never

	1	2	3	4	
COMMUNITY AS A WHOLE	73%	17%	8%	2%	100%
BELGIQUE	78	16	5	2	100
DANMARK	65	19	14	2	100
DEUTSCHLAND	45	31	19	5	100
ELLAS	71	21	5	3	100
ESPANA	84	10	4	2	100
FRANCE	78	16	5	1	100
IRELAND	77	18	4	1	100
ITALIA	86	9	3	2	100
LUXEMBOURG	77	18	4	1	100
NEDERLAND	87	9	3	1	100
PORTUGAL	69	21	7	3	100
UNITED KINGDOM	76	16	7	1	100

Coffee

We have seen that seven out of ten Europeans drink coffee daily; we can add that two out of ten drink it only very rarely or never. Out of the twelve Community countries, Ireland, with its small number of coffee consumers, is the exception.

The differences by sex are not large in any country.

The young are markedly smaller consumers and those with modest incomes also consume rather less than average.

	Coffee consumption		
	Frequent	Average	Infrequent or nil
By age			
. 15 to 24 years	58	14	28
. 25 to 39 years	77	8	15
. 40 to 54 years	80	7	13
. 55 years or over	72	9	19
By income level			
. low income	70	12	18
. below-average income	73	9	18
. above-average income	76	8	16
. high income	75	9	16

COFFEE

F = frequent consumption: daily
 A = average consumption
 I = infrequent consumption: less than one day a week or never

	MEN AND WOMEN			F	MEN			WOMEN		
	F	A	I		F	A	I	F	A	I
BELGIQUE	78	7	15	79	6	15	77	7	76	
DANMARK	78	6	16	80	7	13	76	6	18	
DEUTSCHLAND	80	12	8	78	13	9	81	11	8	
ELLAS	72	13	15	77	11	12	67	15	12	
ESPANA	61	9	30	61	11	28	60	8	32	
FRANCE	79	6	15	79	7	14	80	6	14	
IRELAND	32	16	52	27	16	57	38	16	46	
ITALIA	74	7	19	73	7	20	75	7	18	
LUXEMBOURG	82	6	12	81	7	12	84	5	11	
NEDERLAND	85	5	10	86	4	10	84	5	11	
PORTUGAL	57	20	13	57	21	22	56	20	24	
UNITED KINGDOM	62	11	27	65	10	25	61	11	29	
EC	72	9	19	72	10	18	72	9	19	

NB: Category A = average consumption arrived at by subtraction of F + I from 100

Milk

As has been stated already, an average of 45% of Europeans consume milk daily and there are marked differences from country to country. It is also true that almost 38% almost never drink milk.

Overall, slightly more women than men are frequent milk consumers, though this is not true in all the countries concerned. The observation applies in particular to Greece, Spain, France and Italy. Elsewhere the differences according to sex are insignificant or rather apply in the opposite direction.

Age accounts for significant variations in milk consumption: the young are the most frequent consumers. No great difference was observed according to income level.

	Milk consumption		
	Frequent	Average	Infrequent or nil
By age			
. 15 to 24 years	54	18	28
. 25 to 39 years	45	17	38
. 40 to 54 years	39	17	44
. 55 years or over	42	17	41
By income level			
. low income	46	16	38
. below-average income	44	18	38
. above-average income	45	17	38
. high income	42	16	41

MILK

F = frequent consumption: daily

A = average consumption

I = infrequent consumption: less than one day a week or never

	MEN AND WOMEN			F	MEN			WOMEN		
	F	A	I		F	A	I	F	A	I
BELGIQUE	25	15	60	25	18	57	25	11	64	
DANMARK	63	12	25	66	14	20	60	11	29	
DEUTSCHLAND	29	33	38	27	32	41	30	34	36	
ELLAS	44	24	32	39	23	38	50	24	26	
ESPANA	78	7	15	75	7	18	81	6	13	
FRANCE	48	7	45	40	11	49	54	4	42	
IRELAND	49	17	34	56	18	24	41	17	42	
ITALIA	51	15	34	47	16	37	55	14	31	
LUXEMBOURG	38	13	49	40	14	46	37	13	50	
NEDERLAND	66	11	23	65	12	23	68	10	22	
PORTUGAL	53	22	25	52	19	28	53	24	23	
UNITED KINGDOM	26	17	57	26	18	56	25	16	59	
EC	45	17	38	42	18	40	47	16	37	

NB: Category A = average consumption arrived at by subtraction of F + I from 100

Alcohol (in all its forms)

On average, 42% of Europeans are non-consumers or low consumers of alcohol in whatever form; 26% are frequent consumers (wine or beer daily, or spirits or aperitifs 3 or 4 times a week, or both the one and the other); 32% are in the intermediate category. Habits differ considerably from one country to another, though primarily in the percentage of frequent consumption.

There are large differences between men and women in all the countries: in each case, there appear to be almost twice as many infrequent consumers or non-consumers among women as among men. Frequent alcohol consumers are almost twice or three times as numerous among men as among women. Age is not especially determinant; by contrast, consumption increases with the level of income.

On account of their differing alcohol content, we shall in the following analysis differentiate between wine and beer, on the one hand, and spirits and aperitifs, on the other, dealing finally with all four types of beverage as a whole.

Consumption of beer and/or wine is frequent (i.e. daily or almost daily) for 23% of Europeans, average for 31%, and infrequent or nil for 46%.

The countries with the most frequent consumption of alcoholic beverages are Italy, followed by Portugal, France and Spain. Their top-of-the-list position results more from their consumption of ordinary alcoholic beverages (in particular, wine) than from their consumption of aperitifs or spirits, which is close to the European average.

The Netherlands and Greece stand out owing to their relatively high proportion of frequent consumers of spirits or aperitifs. In Ireland, the survey found a low percentage of frequent consumers of alcoholic beverages (6%). Legal measures exist there to restrain alcohol consumption (closure of drinking establishments at certain times of day) and the social pressure in favour of moderation or abstinence possibly caused certain respondents to state a minimum as regards consumption frequency.

ALCOHOL IN ALL FORMS

CONSUMPTION OF ONE OR MORE OF THE FOLLOWING BEVERAGES:
 UNDILUTED WINE
 BEER
 APERITIFS OR SPIRITS

F = frequent consumption of one or more of these beverages, wine or beer daily and/or spirit at least 3 or 4 days a week
 A = average consumption
 I = infrequent consumption in the case of all these beverages, less than once a week

	MEN AND WOMEN			MEN			WOMEN		
	F	A	I	F	A	I	F	A	I
BELGIQUE	24	33	42	34	33	33	15	33	52
DANMARK	14	49	37	20	56	24	8	42	50
DEUTSCHLAND	15	44	41	26	50	24	6	40	54
ELLAS	24	30	46	37	36	27	11	25	64
ESPANA	33	23	44	47	23	30	21	23	56
FRANCE	33	29	38	47	29	24	20	29	51
IRELAND	6	37	57	11	48	41	2	16	72
ITALIA	43	19	38	56	19	25	30	19	51
LUXEMBOURG	22	34	44	31	40	29	12	28	60
NEDERLAND	21	33	46	28	41	31	15	26	59
PORTUGAL	38	23	39	57	21	22	22	25	53
UNITED KINGDOM	15	38	47	20	47	33	10	30	60
EC	26	32	42	38	35	27	16	29	55

PEARSON VARIATION
 COEFFICIENT 43.6 25.6 12.3 40.8 31.6 18.2 52.6 26.1 11.0

NB: Category A = average consumption arrived at by subtraction of F + I from 100

ALCOHOLIC BEVERAGES

WINE OR BEER

F = frequent consumption of one or both beverages, daily
 A = average consumption
 I = infrequent consumption of both beverages, less than once a week or never

SPIRITS OR APERTIFS

F = frequent consumption of one or both beverages, at least 3 or 4 days a week
 A = average consumption
 I = infrequent consumption of both beverages, less than once a week or never

	Consumption of wine or beer			Consumption of spirits or aperitifs			Consumption of one or both of these beverage types		
	F	A	I	F	A	I	F	A	I
EC as a whole	23	31	46	8	16	76	26	32	42
By sex									
. Men	33	36	31	12	19	69	38	35	27
. Women	13	26	61	5	13	82	16	29	55
By age									
. 15 to 24 years	12	35	53	6	16	78	15	38	47
. 25 to 39 years	22	38	40	8	18	74	26	38	36
. 40 to 54 years	27	30	43	9	15	76	31	31	38
. 55 years or over	27	22	51	9	14	77	31	23	46
By income level									
. low income	24	24	52	7	13	80	28	24	48
. below-average income	25	29	46	8	16	76	29	30	41
. above-average income	23	33	44	8	16	76	27	33	40
. high income	24	37	39	9	19	72	28	37	35
By country									
BELGIQUE	20	33	47	8	19	73	24	33	42
DANMARK	12	49	39	4	13	83	14	49	37
DEUTSCHLAND	13	44	43	6	13	81	15	44	41
ELLAS	16	34	50	12	10	78	24	30	46
ESPANA	31	22	47	9	15	76	33	23	44
FRANCE	31	22	47	8	30	62	33	29	38
IRELAND	3	35	62	4	11	85	6	37	57
ITALIA	41	19	40	8	10	82	43	19	38
LUXEMBOURG	19	35	46	6	11	83	22	34	44
NEDERLAND	11	34	55	13	14	73	21	33	46
PORTUGAL	38	23	39	4	8	88	38	23	39
UNITED KINGDOM	7	39	54	9	13	78	15	38	47

NB: Category A = average consumption arrived at by subtraction of F + I from 100

CHAPTER 2
MONITORING ONE'S WEIGHT

2. - MONITORING ONE'S WEIGHT

The 1987 survey showed that, of all the recommendations contained in the draft European Code Against Cancer, there was a signal lack of appreciation of the importance of avoiding excess weight (as a cancer prevention measure). Even so, a majority of Europeans admit to keeping a check on their weight; aesthetic considerations (maintaining a trim figure) and comfort (feeling in good physical shape) play their part, no doubt unconsciously, in helping to prevent cancer.

Question: Do you keep a check on your weight?

. Do not keep a check on their weight.....	28%
. Keep a check on their weight.....	72%
	—
Total.....	100%

Weight monitoring is rather more prevalent among women than men and is a habit inclined to increase with age.

The large number of people questioned in the course of a European survey makes it possible to conduct an in-depth analysis by examining the answers obtained from narrow age groups (seven age groups), and separately for men and women. This analysis, illustrated by the chart on the next but one page, shows that:

- (i) among men, concern about weight increases very considerably with age up to the age of 70;
- (ii) among women, age has a less significant effect: concern about weight increases slightly between 15 and 40 years of age, levels off until 60 and subsequently diminishes steadily.

Besides sex and age, other socio-demographic and cultural variables - e.g. income level and perceptive capacity - play a part. However, such variables do not have a great impact taking Europe as a whole. In Greece and Portugal, however, income level proved to be a more significant factor than elsewhere in respect of the answers given.

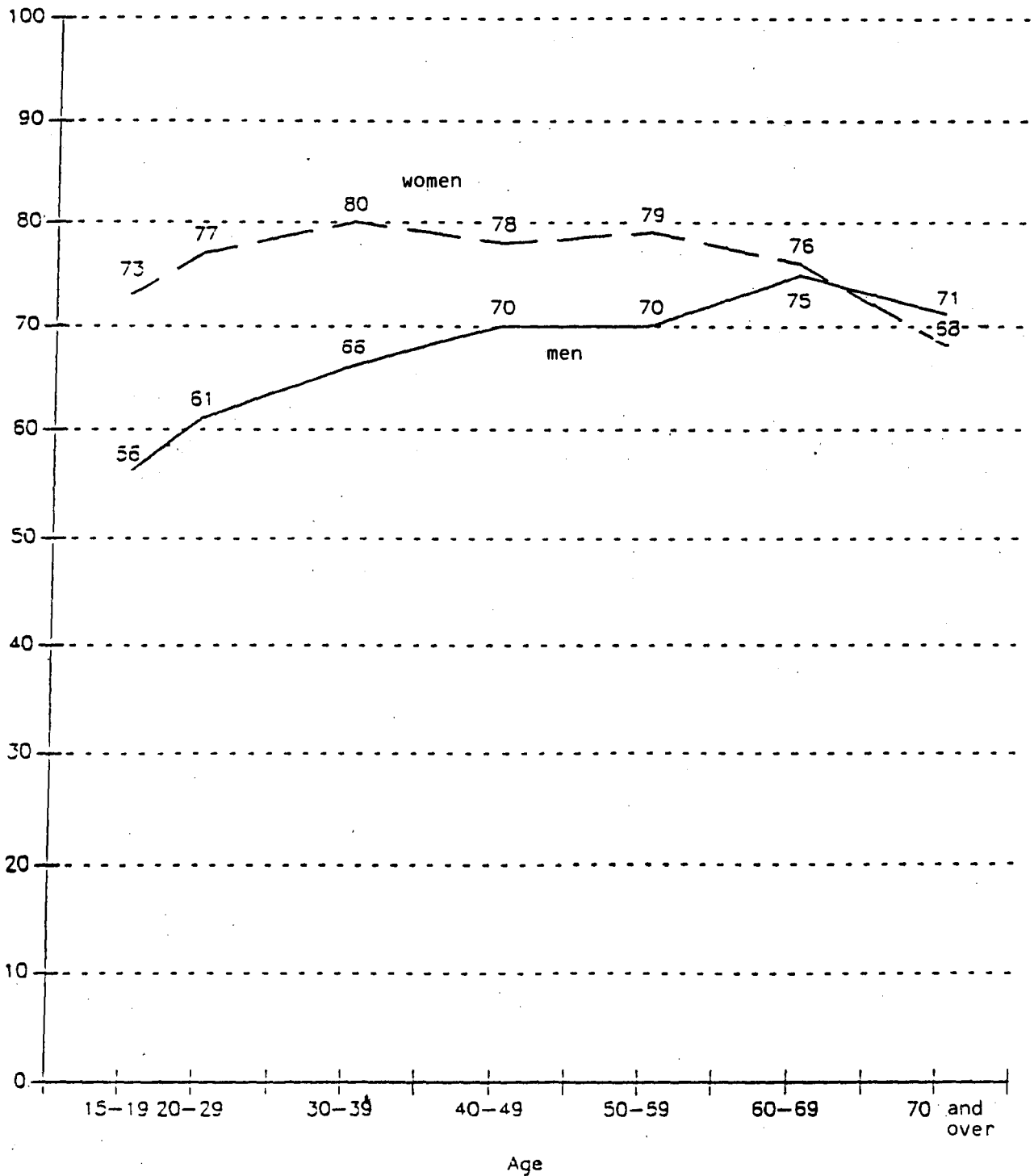
By contrast, nationality plays an important role: 80% of Germans keep a check on their weight, compared with only 55% of Portuguese. In each of the countries surveyed, women are always more attentive than men with regard to their weight; the difference is particularly notable in Ireland.

**WEIGHT MONITORING
by sex and country**

Country (in decreasing order of weight MONITORING)	Men + women	Men	Women
DEUTSCHLAND.....	80%	75%	85%
ITALIA.....	78	75	82
ELLAS.....	77	72	82
DANMARK.....	75	69	80
NEDERLAND.....	74	69	79
LUXEMBOURG.....	72	66	78
UNITED KINGDOM.....	69	66	72
FRANCE.....	68	61	75
ESPANA.....	64	58	70
BELGIQUE.....	60	52	67
IRELAND.....	59	49	70
PORTUGAL.....	55	53	58
EC AS A WHOLE.....	72	67	77

MONITORING ONE'S OWN WEIGHT
BY AGE AND SEX

Weight monitoring
in %



What do those who keep a check on their weight discover? Rather more than half discover - or state - that their weight has remained steady; the others find most often that they have gained weight.

Question: (for those who monitor their weight)

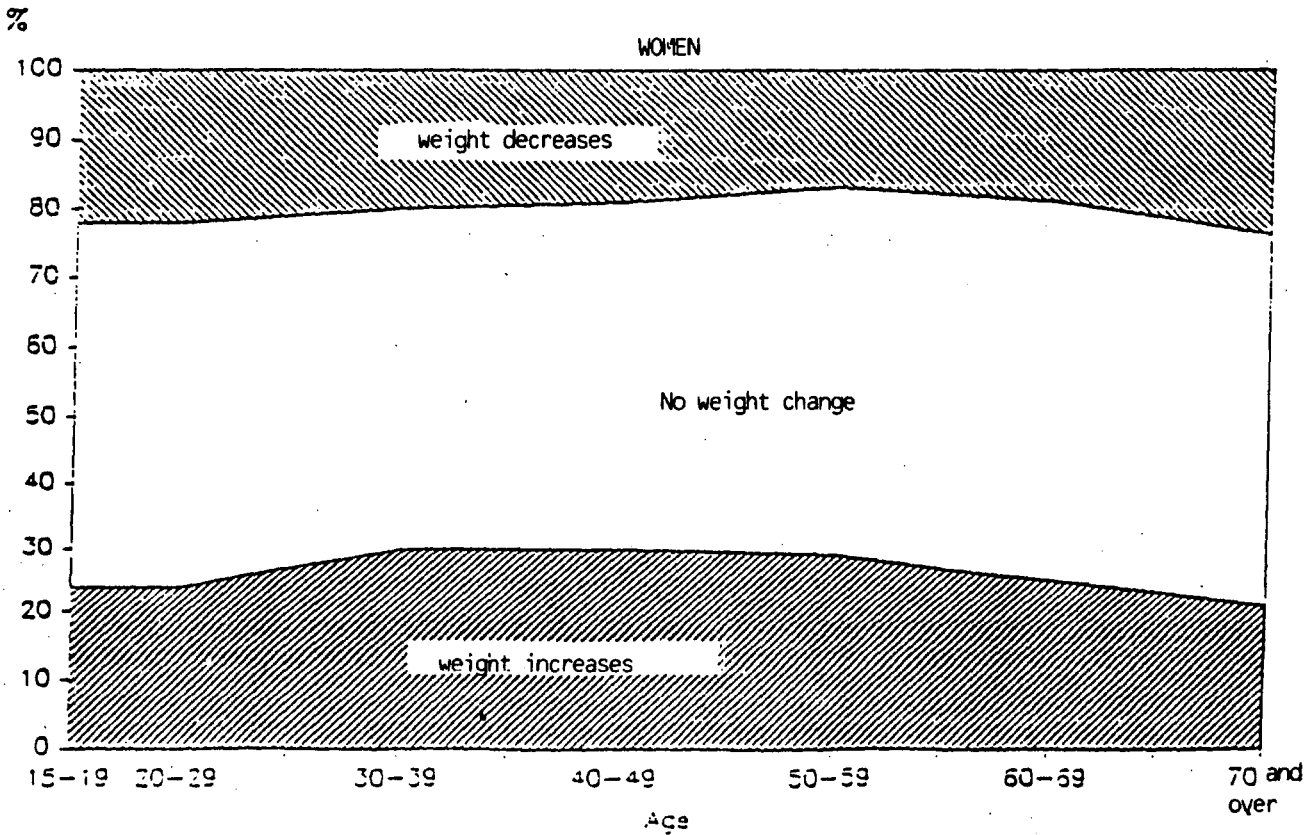
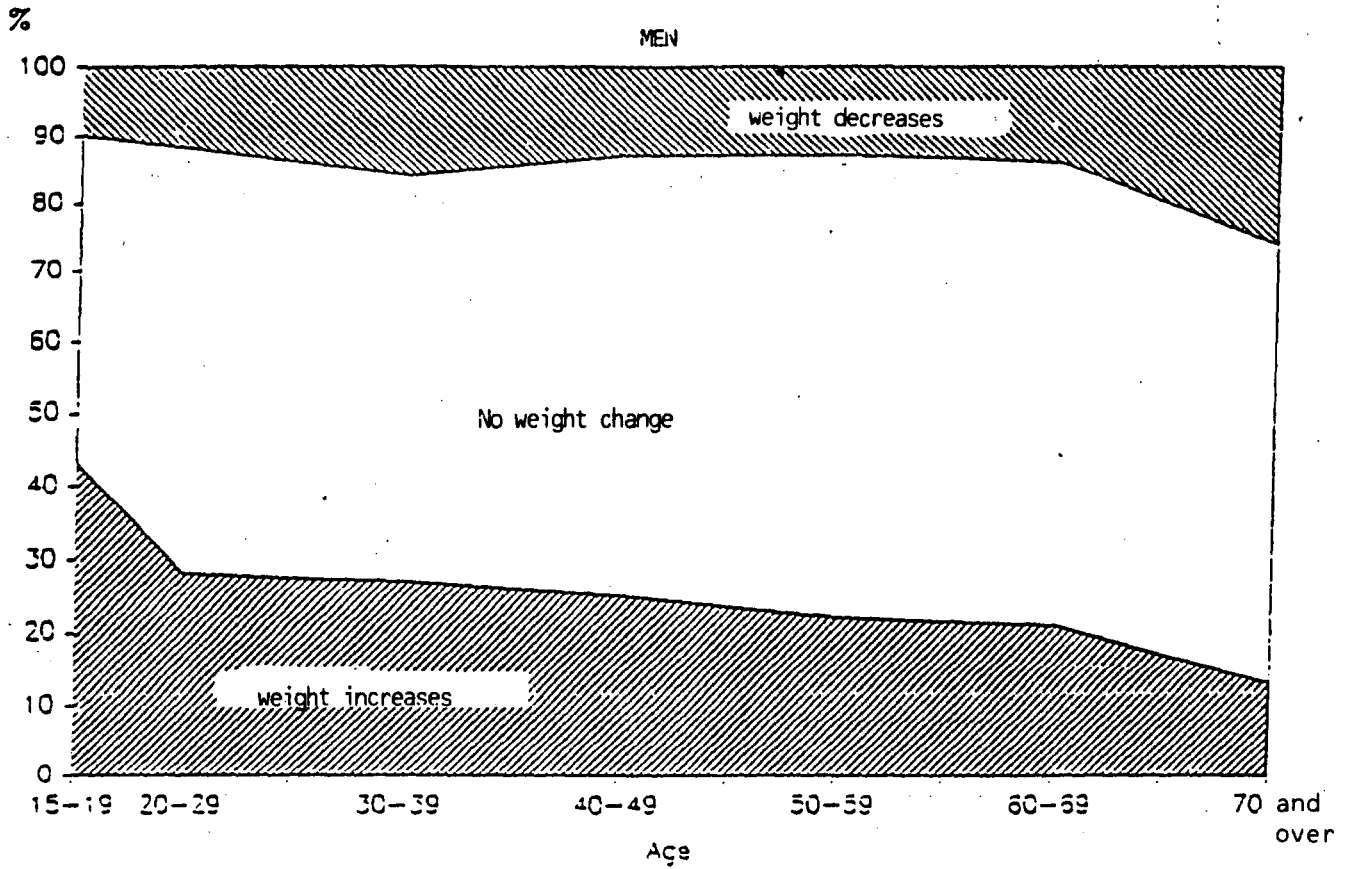
Compared with last year, would you say that you have gained weight, lost weight or kept to the same weight?

. Gained weight.....	26%
. Maintained the same weight.....	56
. Lost weight.....	18
	<hr/>
Total.....	100

This breakdown is almost exactly the same for all categories of the population and in all the countries surveyed. The only determining factor is age and its effect is different among men and women. Among men, it is in the youngest age group (15 to 19 years) that a weight increase since the previous year is observed, the proportion diminishing steadily with age.

Among women, weight increase is rather more frequent between 30 and 60 years of age.

WEIGHT PATTERN BY AGE AND SEX
(based on 100 weight checkers)



MONITORING ONE'S OWN WEIGHT

AMONG THOSE WHO MONITOR THEIR WEIGHT...

	WEIGHT MONITORING PERCENTAGE	INCREASES	NO CHANGE	DECREASES	TOTAL
COMMUNITY AS A WHOLE...	72%	26%	56%	18%	100%
COUNTRY					
BELGIQUE.....	60	26	57	17	100
DANMARK.....	75	24	60	16	100
DEUTSCHLAND.....	80	25	60	15	100
ELLAS.....	77	27	60	14	100
ESPAÑA.....	64	25	60	15	100
FRANCE.....	68	26	53	21	100
IRELAND.....	59	28	53	19	100
ITALIA.....	78	26	55	19	100
LUXEMBOURG.....	72	21	60	19	100
NEDERLAND.....	74	23	63	14	100
PORTUGAL.....	55	22	60	18	100
UNITED KINGDOM.....	69	32	49	19	100
SEX					
MEN.....	67	26	60	14	100
WOMEN.....	77	27	53	20	100
A G E					
15-24 years.....	67	29	54	17	100
25-39 years.....	71	28	54	18	100
40-54 years.....	75	28	56	16	100
55 years and over.....	73	21	60	19	100
LEVEL OF EDUCATION					
Low.....	71	26	55	18	100
Medium.....	72	27	56	17	100
High.....	74	25	60	15	100
HOUSEHOLD INCOME					
Low.....	67	26	56	18	100
Below-average.....	71	27	55	18	100
Above-average.....	74	27	55	18	100
High.....	77	27	57	16	100
PERCEPTIVE CAPACITY					
High.....	76	25	59	16	100
Above-average.....	76	25	58	17	100
Below-average.....	71	28	54	18	100
Low.....	67	25	56	19	100

CHAPTER 3

SMOKING AND THE DESIRE TO STOP

3. SMOKING AND THE DESIRE TO STOP

Tobacco consumption was intensively covered in the survey carried out in spring in 1987. The key questions in that survey were repeated in the present exercise in an effort to discover more about the type of tobacco consumed and in particular to extend research findings concerning the length of time people have been addicted to smoking and their desire to free themselves of this addiction.

With regard to the general statistics on consumption, the 1988 survey corroborates the previous findings, both on the proportion of smokers and on the quantities consumed.

	EC 12	
	Spring 1987	Spring 1988
Out of 100 Europeans, men and women of 15 years and over		
. Smoke cigarettes.....	35%	34%
. Smoke cigars or a pipe.....	3	2
. Have stopped smoking.....	19	17
. Have never smoked.....	43	46
. No reply.....	1	1
 <u>Quantities consumed by cigarette smokers</u>		
. Less than 5 cigarettes per day.....	13)	12)
. 5 to 9 cigarettes.....	14) 27	13) 25
. 10 to 14 cigarettes.....	18)	19)
. 15 to 19 cigarettes.....	19) 57	19) 59
. 20 to 24 cigarettes.....	20)	21)
. 25 to 30 cigarettes.....	8)	8)
. 31 to 34 cigarettes.....	1)	3)
. 35 to 40 cigarettes.....	4) 15	2) 16
. Over 40 cigarettes	2)	3)
. No reply	1	-
 Total cigarette smokers	 100	 100
Average number of cigarettes smoked	16.0	16.3

In the analyses which follow, we differentiate, as in 1987, between three groups of cigarette smokers:

	1987	1988
Light smokers (less than 10 cigarettes)		
% of population	9.0%	9.0%
Average number of cigarettes per day	4.8	4.8
Medium smokers (10 to 24)		
% of population	20.0	20.0
Average number of cigarettes per day	17.2	18.7
Heavy smokers (25 or more per day)		
% of population	5.0	5.0
Average number of cigarettes per day	32.6	38.6

We analyse in the following pages behavioural differences with respect to tobacco which occur according to sex, age, level of education and level of income. But before going into the analysis proper, it needs to be said that tobacco consumption varies in line with certain psychological factors: there is, broadly speaking, a relation between the degree of satisfaction with the life that one leads and the desire to smoke. Europeans dissatisfied with the life they lead are more commonly smokers than non-smokers; such dissatisfaction is frequently connected with certain family or occupational situations (e.g. unemployment). Our present findings merely confirm what previous studies have shown, namely that there is a causal link between certain states of anxiety or depression and an addiction to tobacco.

	Proportion of smokers	
According to the degree of satisfaction with the life they lead	Men	Women
. Very satisfied	38%	25%
. Reasonably satisfied	38	27
. Not all that satisfied	48	31
. Very dissatisfied	62	37

On the basis of previously obtained research findings, several statistical analyses (multivariant analyses) were undertaken to discover whether it is possible to measure the intrinsic effect of the psychological factor, compared with the impact caused by other factors which have an influence on tobacco addiction: nationality, sex, age, income level, etc., the results of which are set out on page 31. These analyses were carried out separately for men and women.

The research again proved inconclusive. The number of people declaring themselves "not all that satisfied" or "very dissatisfied" with the life they lead is relatively small (1% and 4% respectively of the total sample). Moreover, existing statistical models are generally constructed on the assumption of a linear impact of the factors involved (such as age or income level); it would appear, however, that the links are more complex and that there are threshold effects to be considered.

In other words, in the present state of our knowledge, it is not possible to determine precisely the effect of the psychological factor on tobacco consumption. But the effect remains no less real.

- 31 -
SMOKERS AND NON-SMOKERS

	NON-SMOKERS			SMOKERS					
	HAVE NEVER SMOKED (1)	FORMER SMOKERS (2)	TOTAL (1) + (2)	TOTAL (3) + (4)	PIPE OR CIGARS (3)	CIGARETTES (4)	LIGHT SMOKERS	MEDIUM SMOKERS	HEAVY SMOKERS
COMMUNITY AS A WHOLE	47%	17%	64%	36%	3%	34%	9%	20%	5%
COUNTRY									
BELGIQUE	48	14	62	38	3	35	7	19	8
DANMARK	38	18	56	44	10	38	12	23	2
DEUTSCHLAND	51	13	64	38	2	35	6	22	8
ELLAS	46	10	56	44	-	44	7	23	14
ESPAÑA	51	14	65	35	3	32	10	17	3
FRANCE	42	20	62	38	2	37	12	21	4
IRELAND	51	15	66	34	3	32	5	23	3
ITALIA	48	19	67	33	1	33	11	18	3
LUXEMBOURG	48	16	64	36	2	35	7	20	8
NEDERLAND	39	18	57	43	5	40	12	23	5
PORTUGAL	68	9	77	23	-	23	5	15	3
UNITED KINGDOM	42	24	66	34	3	31	6	22	4
SEX									
Men	33	23	56	44	5	41	9	25	7
Women	59	12	71	29	1	28	9	16	3
AGE									
15-24 years	58	7	65	35	1	34	11	19	3
25-39 years	38	15	53	47	3	44	10	27	7
40-54 years	44	17	61	39	3	36	8	20	8
55 years and over	48	26	74	26	3	24	7	14	3
LEVEL OF EDUCATION									
Low	49	19	68	32	2	30	7	18	5
Medium	45	15	60	40	3	37	10	22	5
High	42	19	61	39	4	36	10	20	6
HOUSEHOLD INCOME									
Low	52	17	69	31	2	29	7	17	5
Below-average	43	18	61	39	3	37	9	23	5
Above-average	44	16	60	40	2	38	10	22	6
High	43	19	62	38	3	35	9	20	6
PERCEPTIVE CAPACITY									
High	32	21	53	47	5	43	11	25	7
Above-average	43	17	60	40	3	37	9	23	5
Below-average	46	18	64	36	2	34	9	20	5
Low	58	15	73	27	2	26	7	16	3

- N.B. (1) The total number of smokers may work out slightly less than the total arrived at from cigar/pipe smokers and cigarette smokers, since some smokers indulge in more than one type of smoking.
- (2) The total of light smokers + medium smokers + heavy smokers may be very slightly lower than the total number of cigarette smokers, some smokers having declined to state their consumption.

The effect of sex and age on the proportion of smokers

We have already seen that tobacco consumption overall by the European population has remained steady since the spring 1987 survey. The same can be said of the proportion of men and women who smoke: 44% of European men smoke, compared with 29% women.

However, when the age factor is introduced, significant differences occur. By comparison with 1987, the proportion of smokers:

- (i) fell in the case of men of under 40 years of age and women of under 25 years of age;
- (ii) remains more or less steady in the case of men of over 40 years of age and women of 25-39 years of age;
- (iii) increased in the case of women of over 40 years of age.

Hence, one can see the beginning of a slight reduction in the number of smokers among the young, but the same trend will occur at a later stage in the case of women on account of the much more recent phenomenon of women taking up smoking.

EC as a whole

Among men	1988		Among women
1987	1987	1988	
Proportion of smokers by age			
. 15 to 24 years.....	42		39
		39	31
. 25 to 39 years.....	57		53
		41	41
. 40 to 54 years.....	49		51
		24	28
. 55 years and over.....	36		36
		13	18
All age groups combined.....	45		29
		44	

EFFECT OF SEX AND AGE ON THE PROPORTION OF SMOKERS BY COUNTRY¹

AGE		15-24 %	25-39 %	40-54 %	55 years and over	All age groups %	
BELGIQUE	M	49	55	56	41	49	
	W	39	49	29	19	30	
DANMARK	M	37	53	51	44	46	
	W	44	47	48	37	44	
DEUTSCHLAND	M	34	61	51	39	45	
	W	30	45	33	18	31	
ELLAS	M	62	72	69	45	62	
	W	38	46	20	9	27	
ESPANA	M	52	62	56	34	48	
	W	44	47	11	6	24	
FRANCE	M	55	58	46	32	46	
	W	48	40	25	11	31	
IRELAND	M	35	41	39	40	40	
	W	28	33	32	27	31	
ITALIA	M	32	49	48	34	42	
	W	25	43	26	17	27	
LUXEMBOURG			(Number of cases too small)				
NEDERLAND	M	38	51	57	49	47	
	W	46	51	39	25	40	
PORTUGAL	M	52	60	42	30	40	
	W	24	23	8	2	11	
UNITED KINGDOM	M	30	48	45	37	40	
	W	33	33	41	21	30	
EC 12	M	39	53	51	36	45	
	W	31	41	28	18	29	

1 For a detailed breakdown by age groups and sex, statistics from 1987 and 1988 were aggregated in order to double the number of cases. (The base is, therefore, a little over 200 in all groups.) This procedure is justified by the proximity in time of the two surveys.

The effect of education level on the proportion of smokers

In view of the fact that the level of education has risen in recent years, it was considered appropriate to study its effect in the case of relatively homogeneous age groups. The analysis was carried out for men and women separately.

In the younger age group (15 to 24 years), the proportion of smokers tended to increase with the level of education, among both men and women, though the differences were slight.

In the next age group (25 to 39 years), the proportion of smokers tended to fall as the level of education rose, particularly among men.

Subsequently, for the 40 to 54 age group, it was found that the proportion of smokers fell slightly among men and increased markedly among women as the level of education increased.

EFFECT OF LEVEL OF EDUCATION BY SEX
AND AGE ON THE PROPORTION OF SMOKERS

		MEN	WOMEN
15-24 years	Low	36)	29)
	Medium.....	39) 39 %	31) 31 %
	High	40)	33)
25-29 years	Low	59)	42)
	Medium.....	57) 54 %	42) 42 %
	High	45)	38)
40-54 years	Low	54)	24)
	Medium.....	49) 51 %	32) 28 %
	High	49)	36)
55 years and over	Low	34)	16)
	Medium.....	45) 36 %	22) 27 %
	High	36)	21)

Duration of tobacco addiction

The risk incurred by smokers increases with the duration of their tobacco addiction. To clarify the issue, two questions were asked. One to former smokers: "For how many years did you smoke?"; the other to current smokers: "For how many years have you been smoking?".

An analysis of the answers is presented here on the basis of age and sex. To obtain an overall evaluation of the degree of risk for the different generations, the percentage calculations were made in respect of the total number of persons concerned in each age group.

Hence, among men of 55 years and over, it emerges that only 25% have never smoked, compared with 35% who were smokers for more than ten years before stopping and 36% who are currently smokers and have been for over ten years. Among women of an equivalent age, 69% have never smoked, compared with 9% who smoked for over ten years prior to stopping and 16% who continue to smoke, having begun over ten years previously. For this generation, the differences between men and women are substantial.

Next, we take a much younger age group: those aged between 25 and 39. Among men, 30% have never smoked, 5% smoked for over ten years and then gave up and 38% are still smoking, having begun more than ten years previously. Among women of the same age, 44% have never smoked, 3% were smokers for more than ten years before stopping and 26% are still smoking after a period of more than ten years. (See table).

It may very well be that these statistics will provide experts with the means to identify and quantify "high risk" age groups. It would nevertheless be imprudent to extrapolate from this type of analysis in respect of each country without the benefit of much fuller sample data or the aggregate results from a number of sample surveys carried out at close intervals.

DURATION OF TOBACCO ADDICTION, BY AGE AND SEX

	Never smoked T1	FORMER SMOKERS Duration of addiction					CURRENT SMOKERS Duration of addiction					TOTAL
		T2	- 5 Yrs	5-10 Yrs	11-20 Yrs	+ 20 Yrs	T3	- 5 Yrs	5-10 Yrs	11-20 Yrs	+ 20 Yrs	
MEN												
15-24 years (N = 1180)	54	7	6	1	-	-	39	20	17	2	-	100
25-39 years (N = 1535)	30	16	5	6	5	-	54	2	14	33	5	100
40-54 years (N = 1227)	25	24	2	4	10	8	51	*	1	9	41	100
55 years and over (N = 1684)	25	39	2	2	8	27	36	*	-	1	35	100
TOTAL MEN (N = 5626)	33	23	4	3	6	10	44	5	8	11	20	100
WOMEN												
15-24 years (N = 1132)	61	8	6	2	-	-	31	17	13	1	-	100
25-39 years (N = 1658)	44	15	6	6	3	-	41	2	13	24	2	100
40-54 years (N = 1429)	61	11	4	3	3	1	28	1	2	8	17	100
55 years and over (N = 1860)	69	14	2	3	3	6	17	1	-	2	14	100
TOTAL WOMEN (N = 6139)	59	12	4	4	2	2	29	4	6	8	11	100

NB. Columns T1, T2 and T3 total 100%. The other columns refer to the length of addiction, T2 in the case of former smokers and T3 in the case of current smokers.

* = Less than 1%.

The proportion of persons who have been regular tobacco smokers for ten years or more, or of former smokers who smoked for at least ten years, varies considerably from country to country; moreover, in some countries, notably Denmark, the duration of addiction does not vary greatly according to sex, whilst in other countries, Spain for example, the difference between men and women is considerable.

The table on page 34b sets out the findings by country and sex.

Among men, the proportion of those who smoke (or have smoked) for ten years or more is close to one out of two in most of the countries surveyed, notably Italy (52%) and Greece (50%). Three countries have a distinctly lower proportion of long-term (ten years or more) smokers or former smokers: Ireland (37%), Luxembourg (34%) and Portugal (28%).

Among women, the proportion of long-term smokers or former smokers is of the order of 1 in 3 in Denmark (39%), the Netherlands (34%) and the United Kingdom (31%), and of the order of 1 in 4 or 5 in Germany, Ireland, Luxembourg and France.

DURATION OF TOBACCO ADDICTION, BY SEX AND COUNTRY

	NEVER SMOKED	FORMER SMOKERS		CURRENT SMOKERS		TOTAL (1)
		Duration of addiction		duration of addiction		
		- 10 yrs	10 yrs or +	- 10 yrs	10 yrs or +	
BELGIQUE						
Men	34	6	11	14	33	100
Women.....	62	6	3	10	17	100
DANEMARK						
Men	34	5	14	10	35	100
Women.....	41	8	8	10	31	100
DEUTSCHLAND						
Men	39	5	11	8	36	100
Women.....	61	6	3	8	21	100
ELLAS						
Men	20	6	12	23	38	100
Women.....	69	3	-	17	11	100
ESPANA						
Men	30	7	15	15	32	100
Women.....	71	5	1	14	9	100
FRANCE						
Men	28	8	18	18	27	100
Women.....	56	10	3	14	16	100
IRELAND						
Men	43	7	11	11	26	100
Women.....	59	6	6	10	18	100
ITALIA						
Men	32	7	19	8	33	100
Women.....	64	7	4	8	17	100
LUXENBOURG						
Men	41	7	6	11	28	100
Women.....	56	5	2	12	20	100
NEDERLAND						
Men	33	9	11	10	35	100
Women.....	46	9	7	11	27	100
PORTUGAL						
Men	46	7	7	16	21	100
Women.....	88	2	-	7	2	100
UNITED KINGDOM						
Men	35	8	17	11	28	100
Women.....	48	12	10	8	21	100
EC Men	33	7	16	13	31	100
Women	59	8	4	10	19	100

(1) With some smokers not declaring the length of their tobacco addiction, the total in some instances does not quite add up to 100. This is the case notably with Luxembourg, concerning which the findings must be regarded with circumspection, given the size of the sample.

Comparison of smokers, former smokers and non-smokers

In view of the number of factors which play a part in relation to smoking, we decided to compare smokers, former smokers and non-smokers in a well-defined segment of the population: men in the 25 to 39 year age group. The analysis takes into account, for smokers and former smokers, the age at which they started smoking (many former smokers do not remember), the duration of addiction and, in the case of the three groups, whether or not the person concerned has a job, as well as the level of education.

	MEN AGED BETWEEN 25 and 39		
	Current smokers	Former smokers	Non-smokers
N -	811	251	465
Age at which they started smoking	%	%	%
. Before 15 yrs	28	22	-
. 15 to 25 yrs	67	56	-
. 25 yrs or over	2	1	-
No reply	<u>3</u>	<u>21</u>	-
Total	100	100	-
Duration of addiction			
. Less than 5 yrs	4	29	-
. 5 to 10 yrs	26	33	-
. More than 10 yrs	69	32	-
No reply	<u>1</u>	<u>6</u>	-
Total	100	100	-
Job			
. Yes	87	93	85
. No	<u>13</u>	<u>7</u>	<u>15</u>
Total	100	100	100
Level of education			
. Low	28	22	23
. Medium	43	38	37
. High	<u>29</u>	<u>40</u>	<u>40</u>
Total	100	100	100

This analysis shows that differences emerge primarily with the level of education factor: non-smokers and former smokers have a higher level of education than smokers.

The same analysis based on the responses of women of the same age group (25 to 39 years) chose an essentially similar situation to that of men as regards the age of taking up smoking, but a duration of addiction less than that of men in the case of former smokers. The level of education appears to play a part mainly in the case of former smokers.

	Current smokers	WOMEN AGED 25 to 39	
		Formers smokers	Non-smokers
N =	682	243	733
Age at which they started smoking	%	%	%
. Before 15 yrs	22	26	-
. 15 to 25 yrs	72	59	-
. 25 yrs or over	5	3	-
No reply	<u>1</u>	<u>12</u>	-
Total	100	100	
Duration of addiction			
. Less than 5 yrs	6	41	-
. 5 to 10 yrs	30	40	-
. More than 10 yrs	63	17	-
No reply	<u>1</u>	<u>2</u>	
Total	100	100	
Job			
. Yes	47	53	48
. No	<u>53</u>	<u>47</u>	<u>52</u>
Total	100	100	100
Level of education			
. Low	31	24	31
. Medium	44	42	43
. High	<u>25</u>	<u>34</u>	<u>26</u>
Total	100	100	100

Variety of cigarettes consumed

The European cigarette market is for the large part dominated by blond tobacco filter cigarette varieties (58% male smokers and 74% female). Black and blond tobacco taken together, filter cigarettes are preferred by 72% of men and 82% of women.

Hand-rolled cigarettes occupy a relatively large place (on average 13% for men and 8% for women).

However, there are considerable differences from country to country. The chief deviations from the European average are as follows:

Rolled cigarettes: one out of every two smokers in the Netherlands and a proportion of around 20% in Belgium, Germany and Denmark. In all these countries, a proportion of women roll their own cigarettes.

Non-filter cigarettes: primarily in France (24%, mainly black tobacco) and Denmark (18%, mainly blond tobacco).

	Filter		Non-filter		Hand-rolled
	Blond	Black	Blond	Black	
BELGIQUE	57	14	3	5	21
DENMARK	58	-	18	-	16
DEUTSCHLAND	60	12	6	3	18
ELLAS	80	12	5	1	1
ESPANA	57	37	1	2	3
FRANCE	55	11	2	22	8
IRELAND	83	5	5	1	3
ITALIA	82	11	2	2	1
LUXEMBOURG	81	3	6	1	6
NEDERLAND	30	1	6	1	51
PORTUGAL	84	2	6	1	4
UNITED KINGDOM	76	2	7	-	11
EC 12	65	12	4	5	11

N.B. The figure total in some cases may be a little less than 100%, some women having mentioned menthol or other varieties.

In the European context, the variety of cigarettes smoked by men does not vary greatly between light, medium or heavy smokers. Among women, 80% of light smokers choose filter-tip blond tobacco cigarettes, whereas both male and female heavy smokers tend to opt for the same variety.

DESCRIPTION OF CIGARETTE SMOKERS BY SEX AND QUANTITY CONSUMED

	MEN				WOMEN			
	Collec- tive total	Light smokers	Medium smokers	Heavy smokers	Collec- tive total	Light smokers	Medium smokers	Heavy smokers
N =	2 272	472	1 387	413	1 689	544	968	177
Type of cigarettes smoked								
. Blond tobacco rolled	7%	7%	8%	5%	7%*	4%	9%	8%
. Black tobacco rolled	6	6	6	3	1	1	1	6
. Non-filter blond	5	4	5	8	3	2	3	3
. Filter-tip blond	58	59	57	59	74	80	72	63
. Non-filter black	7	6	8	7	3	3	2	6
. Filter-tip black	14	14	14	8	8	5	10	6
. Menthol	1	1	1	-	2	3	1	5
. Other	1	2	-	-	1	-	1	2
. No reply	1	1	1	-	1	2	1	1
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>

* Women who smoke rolled cigarettes are mainly Belgian, Danish, German or Dutch.

The desire to moderate tobacco consumption

In 1987, smokers were questioned as to their desire, if any, to cut down on or stop smoking. One year later one finds a very slight increase in the number of smokers who would like to stop smoking.

All smokers	1987	1988
. Wish to stop smoking	27	30
. Wish to cut down on tobacco consumption	26	26
. No desire to change their habits	45	41
. No reply	<u>2</u>	<u>3</u>
Total	100	100

There exists, then, a large proportion of smokers who would like to stop smoking (3 out of 10), and this proportion has increased compared with 1987. It seems that women are slightly more eager to change their smoking habits. Furthermore, a majority of medium or heavy smokers, both men and women, would like to cut down on or stop smoking.

	Wish to stop	Wish to cut down	No desire to change	No reply	Total
All current smokers	30	26	41	3	100
Men smokers	29	25	43	3	100
Light	30	17	51	2	100
Medium	31	28	39	2	100
Heavy	29	27	40	4	100
Women smokers	32	27	38	3	100
Light	34	16	46	4	100
Medium	32	34	33	1	100
Heavy	29	29	38	4	100

There is little variation in attitudes in the Community countries, with the following exceptions:

In Germany, desire to moderate or stop smoking well below the European average. The same was true in 1987;

In Greece, Italy and Portugal, distinctly greater desire than the European average to change smoking habits. This also confirmed the findings in 1987.

Finally, a comparison of the 1987 and 1988 figures for all the countries surveyed showed a clear increase in the desire for moderation in five countries: Greece, Belgium, Italy, France and Portugal.

		Percentage of smokers who wish to stop or cut down on smoking	
	Average percentage of smokers in 1987-1988	1987	1988
ITALIA	34%	63	69 +
PORTUGAL	38	63	69 +
ELLAS	43	60	71 +
IRELAND	34	60	61
UNITED KINGDOM	36	59	59
FRANCE	38	57	64 +
ESPAÑA	38	55	54
LUXEMBOURG	36	55	55
BELGIQUE	35	52	60 +
DANMARK	45	49	50
NEDERLAND	43	44	47
DEUTSCHLAND	36	38	39

CHAPTER 4
AWARENESS OF THE EUROPE AGAINST CANCER PROGRAMME

4. AWARENESS OF THE EUROPE AGAINST CANCER CAMPAIGN

The information campaign on the Europe Against Cancer programme was launched in October 1987; it is to be continued and developed over the next few years starting in 1989.

Public relations experts know from experience that such a campaign is a long-term measure. The European Commission has accordingly decided to assess at regular intervals the campaign's impact in the Member States.

Raised for the first time on October/November 1987 when the campaign was launched, the following question was put again in spring 1988 just before the Europe Against Cancer Week:

Question: Have you recently read or heard anything about a Europe Against Cancer programme?

	Autumn 1987	Spring 1988
Yes	37%	38%
No	59%	54%
No answer	<u>4%</u>	<u>4%</u>
TOTAL	100%	100%

Average awareness in Europe clearly remains constant.

When the campaign was launched marked differences emerged by country: six out of ten Italians, Luxemburgers and Portuguese, and only two out of ten Irish and British, answered the question in the affirmative; these differences bore no relation to the interest displayed in the past in each country in information on health. The conclusion reached therefore was that media coverage at the outset of the European campaign varied considerably according to country.

In spring 1988 the national disparities remained and the ranking of countries by public awareness varied little in the six-month period between the two surveys; there were, however, a few exceptions: decline in Luxembourg, notable increase in Spain, Greece, Ireland and Denmark. The Portuguese and Italians are now the best informed (some six out of ten) and the British are again way below at the bottom of the scale (less than two out of ten).

Compared to the national disparities, socio-demographic differences are fairly small; the shades of difference noted between one sector of the population and another are the same in both surveys. Older people and those with a limited education, are far more numerous than the others in saying that they have heard of a European campaign against cancer. This phenomenon has rarely been noted in surveys on awareness; it can no doubt be explained in this case that the threat of cancer and its frequency among family and friends increase with age¹.

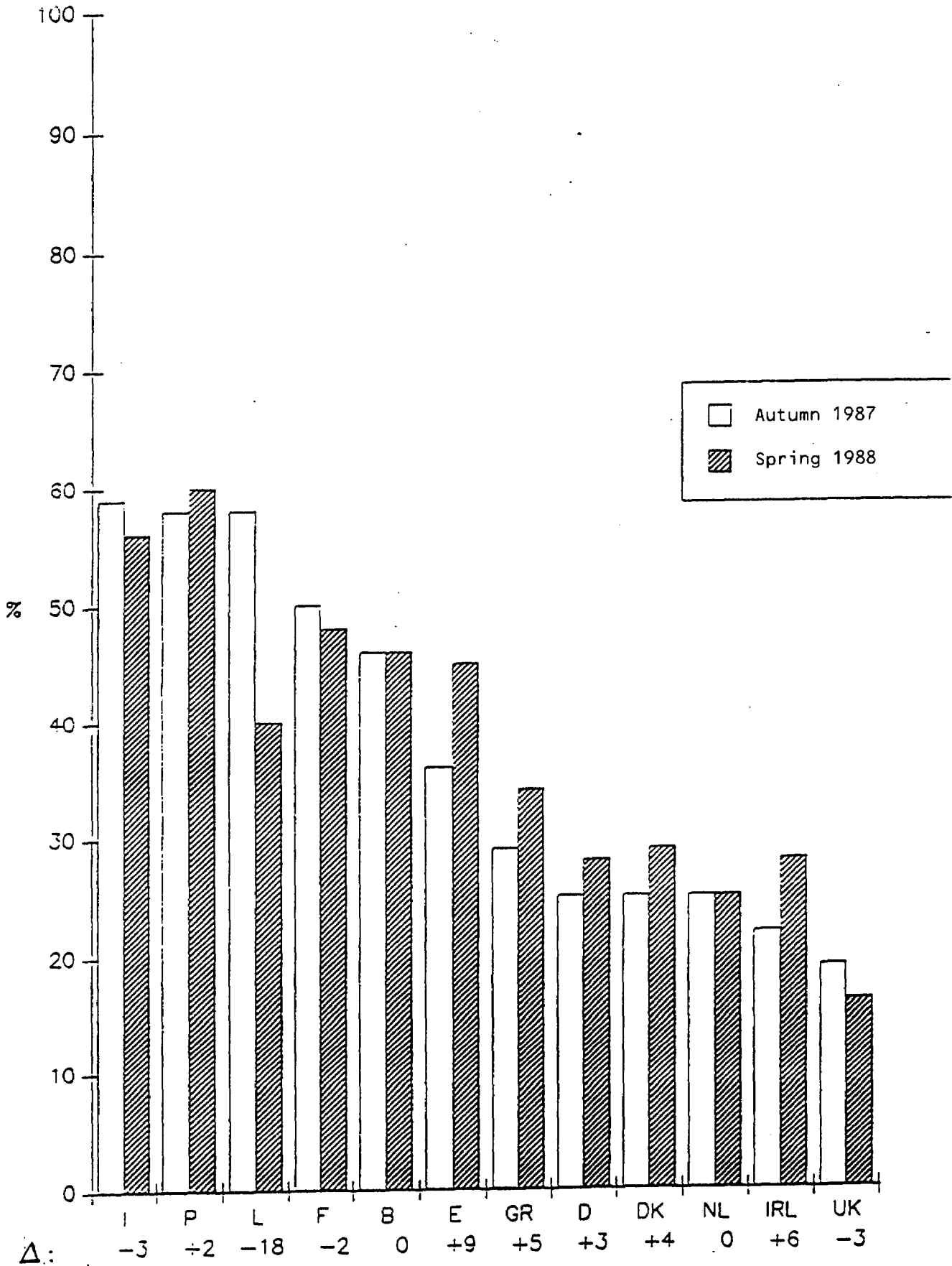
The canvassing had a manifestly favourable effect when the campaign was launched, but this has since tailed off.

1 See "Europeans and Cancer Prevention" op. cit. p. 27.

HAVE HEARD OF A EUROPEAN CAMPAIGN AGAINST CANCER

	Autumn 1987	Spring 1988
COMMUNITY AS A WHOLE	37%	38%
COUNTRY		
BELGIQUE	46	46
BANMARK	25	30
DEUTSCHLAND	25	28
ELLAS	29	34
ESPANA	36	45
FRANCE	50	48
IRELAND	22	28
ITALIA	59	56
LUXEMBOURG	58	40
NEDERLAND	25	25
PORTUGAL	58	60
UNITED KINGDOM	19	16
SEX		
MEN	36	37
WOMEN	38	39
AGE		
15-24	29	30
25-39	33	34
40-54	41	42
55 and over	42	43
EDUCATION		
Low	40	42
Average	34	34
High	36	34
HOUSEHOLD INCOME		
Low --	37	40
-	39	40
+	37	40
High ++	36	36
CANVASSING		
High ++	44	41
+	38	37
-	35	37
Low --	34	38

HAVE HEARD ABOUT THE EUROPE AGAINST CANCER PROGRAMME
AUTUMN 1987 - SPRING 1988
CHANGES BY COUNTRY



CHAPTER 5

"SPECIFICALLY FOR WOMEN": CERVICAL SMEAR AND MAMMOGRAPHY

5. SPECIFICALLY FOR WOMEN: CERVICAL SMEAR AND MAMMOGRAPHY

The first opinion poll on cancer prevention held in spring 1987 had already touched on this subject. The two examinations, cervical smear and mammography, featured in the list of recommendations included in the draft European code against cancer and it was in this context of cancer prevention that two questions were asked: "Do you know about this recommendation and do you apply it?"

In the present survey, women were asked without reference to cancer prevention whether they knew about the two examinations and whether they had undergone them. It emerged that the number of women who knew about the tests and had had them had risen slightly. In addition, women were asked from what age and how often they had the tests.

5.1. Cervical smear

Question (to women): Here are two types of medical examination: cervical smear and mammography. First of all the cervical smear. Do you know what it is, and if so, have you already had one?

Women aged 15 and over

Does not know what it is	18%
Knows, but has never had one	32
Knows and has already had one	48
No answer	<u>2</u>
Total	100

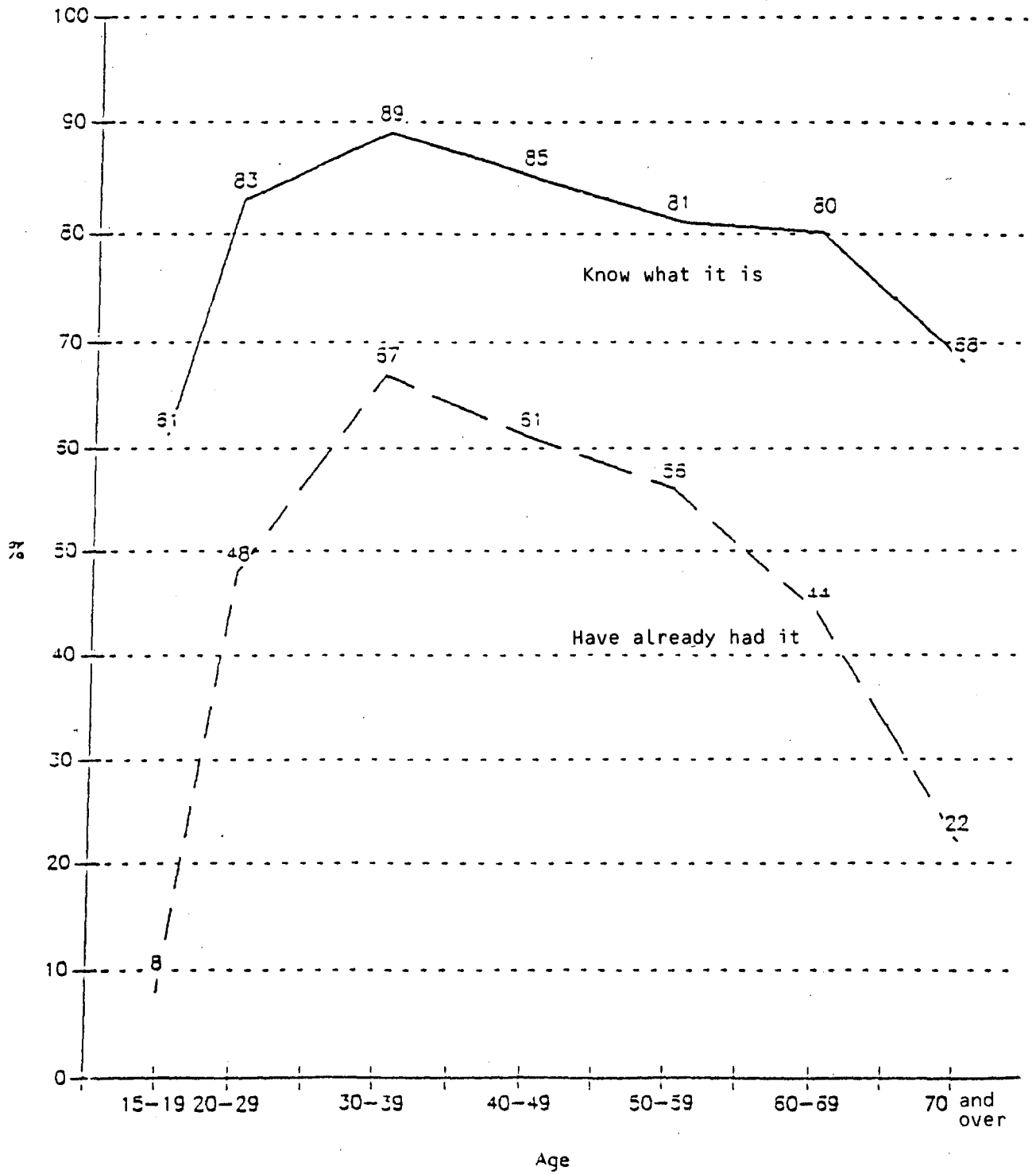
The highest number of women who know about the test and have had it occurs in the 30-39 age bracket. In this group, 89% know about the test and 67% have already had it done.

A fairly high percentage of women in all the age groups know about the test but only 50% of women under 30 have had the test. At the other end of the age range the number of women who have had the test falls sharply: only 44% of women aged 60-69 and only 22% of those aged over 70.

(See graph on the next page)

CERVICAL SMEAR

Awareness and experience according to age
(whole Community)



Over the years there has been a clear increase in the number of women who have smear tests but the situation is still far from satisfactory, especially as regards women under 30.

The higher the level of education and opinion leadership, the more likely women are to have heard about the test and had it. Income is also a very important factor: women from poor backgrounds are less aware of these problems and have less access to this type of prevention.

Apart from these variations due to socio-demographic and socio-economic factors, there are major differences from country to country in the number of women who have had the test, rather than the number of women who know about it. In four countries about two-thirds of women have already had the test: France, United Kingdom, Luxembourg, Denmark. In two countries, one woman out of ten or less: Spain and Portugal.

How often do women have smear tests?

The women questioned gave the following answers:

have the test	Out of 100 women who number of women	Out of the total
Every year	38%	18%
Every two or three years	26	13
Every four or five years	11	5
Less often	18	9
No answer	<u>7</u>	<u>3</u>
Total	100	48

On the basis of the proportion of women who have cervical smears and the frequency with which they do so, the Community countries can be divided into four groups:

- France and Luxembourg: a little over one woman out of two among the female population has a smear test at least every two or three years.
- Germany, Denmark, United Kingdom and Belgium: about one woman out of three regularly has a smear test at least every two or three years.

- Italy and Netherlands: the proportion is about one woman out of four.
- In the other countries, the proportion is less than one woman out of five and particularly in Spain (7%) and Portugal (3).

CERVICAL SMEAR TEST

AWARENESS, EXPERIENCE, FREQUENCY

	KNOW ABOUT IT	HAVE ALREADY HAD ONE	YEAR	2 OR 3 YEARS	EVERY 4 OR 5 YEAR	LESS OFTEN	NEVER
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	%	%	%	%	%	%	%
Whole Community (women)	80	48	17	12	5	14	52
COUNTRY							
Belgique	75	43	22	10	2	9	57
Danmark	92	62	21	15	4	22	38
Deutschland	89	47	29	10	4	4	53
Ellas	82	30	10	7	3	10	70
Espana	37	12	6	1	1	4	88
France	89	70	40	15	4	11	30
Ireland	90	45	2	16	10	17	55
Italia	81	40	16	8	3	13	60
Luxembourg	87	63	47	8	2	6	37
Nederland	89	55	8	20	8	19	45
Portugal	40	6	2	1	-	2	94
United Kingdom	93	67	5	27	15	20	33
AGE							
15-24	72	25	13	6	1	5	75
25-39	87	63	30	18	6	9	37
40-54	83	59	20	18	9	12	41
55 and over	77	41	10	9	5	17	59
LEVEL OF EDUCATION							
Low	74	41	13	10	5	13	59
Average	84	53	21	15	6	11	47
High	90	56	28	15	4	9	44
HOUSEHOLD INCOME							
Low --	73	35	13	7	3	12	65
-	81	50	16	13	7	14	50
+	83	55	23	16	5	11	45
High ++	89	63	28	20	5	10	37
OPINION LEADERSHIP							
Strong ++	85	54	21	15	6	12	46
+	87	55	23	15	6	11	45
-	81	49	19	12	6	12	51
Weak --	71	38	12	11	4	11	62

N.B. All the percentages are calculated on the basis of all women in each group

The sum of columns (2) and (7) = 100%

The sum of columns (3) to (6) = column (2).

At what age do women begin to have cervical smear tests?

Answers to this question assume their full significance when looked at in relation to the different generations of women questioned during the poll.

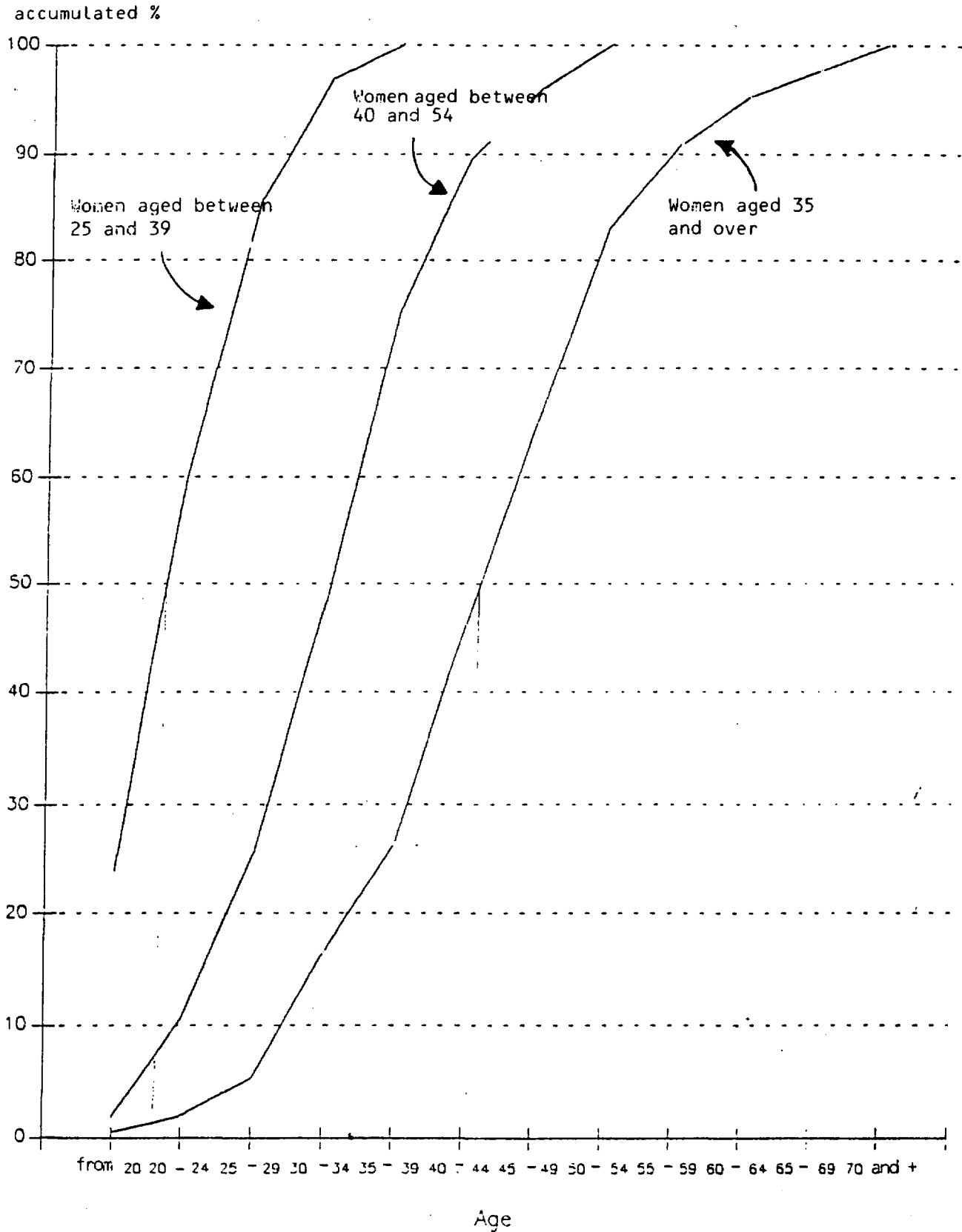
- Those who are now 55 or over, i.e. born before 1933, and who have had smear tests, that is 41% of all the women questioned, in one case out of two began having the test when they were over 40. Very few began before they were 30 (5%).
- Those who are now aged between 40 and 50, i.e. born between 1934 and 1948, in one case out of two began when they were over 30 (59% of the women questioned fall into this category).
- Lastly, those aged between 25 and 39 (born between 1949 and 1963) began much earlier (over half of them began before they were 25). (63% of the women questioned in this age bracket have had cervical smears).

The higher the educational level and the household income, the sooner women begin to have cervical smears.

The situation also varies from one country to another: France and the United Kingdom are the two countries where women begin soonest (median: France 24.7 years old, United Kingdom 26.9). By contrast, Italy and Belgium are the countries where the tests begin the latest (median: Italy 34, Belgian 38.1).

AGE AT WHICH WOMEN WHO HAVE, OR HAVE HAD, CERVICAL SMEARS BEGAN TO DO SO FOR THE FIRST TIME, ACCORDING TO THEIR AGE NOW

(out of 48% of women who have had tests)



Where are cervical smear tests done?

Answers to this question vary widely from one country to another.

Mainly done by the family doctor or the general practitioner:
Denmark (71%), United Kingdom (61%), Netherlands (56%).

Mainly at a hospital, clinic or medical centre: Italy (60%),
Ireland (45%).

Mainly done by the gynaecologist in the other countries and particularly in
Luxembourg (93%) and Germany (83%).

This information does not reflect closely the extent to which smear tests
are carried out in each country. It tends rather to give a national
picture of the respective roles of the general practitioner, the
gynaecologist and the hospital.¹

¹ A European survey of general practitioners is under way.

WHO PERFORMS CERVICAL SMEARS

(Answers from 100 women who have smear tests)

	General Practitioner	Gynaecologist	Hospital Clinic Medical Centre	No answer	Total
Whole Community (women)	28%	48%	22%	2%	100%
COUNTRY					
Belgique	26	68	4	2	100
Danmark	71	7	13	9	100
Deutschland	8	88	4	-	100
Ellas	7	53	40	-	100
Espana	6	57	18	17	100
France	22	68	8	2	100
Ireland	25	28	45	2	100
Italia	2	36	60	2	100
Luxembourg	3	93	1	3	100
Nederland	56	20	20	4	100
Portugal	23	50	20	7	100
United Kingdom	61	6	30	3	100
AGE					
15-24	31	52	16	1	100
25-39	30	52	16	2	100
40-54	26	45	26	3	100
55 and over	25	44	28	3	100
LEVEL OF EDUCATION					
Low	27	44	26	3	100
Average	31	46	21	2	100
High	23	59	16	2	100
HOUSEHOLD INCOME					
Low --	30	48	19	3	100
-	31	47	20	2	100
+	28	49	20	3	100
High ++	23	53	22	1	100

5.2. Mammography

The European Code recommends that women should have a mammography regularly. Many cancer specialists consider that the appropriate age for this examination is 50 and that ideally it should be performed every two or three years.¹

Since questions about this systematic screening were put to all women age 15 and over, we shall first examine the answers given by all the women questioned, then those given by women of 50 or over (although the size of the sample in this category is small).

5.2.1. Answers given by all the women questioned

Three European women out of four say that they know what a mammography is and one out of five has had one.

Question (to women): Now let's talk about mammography. Do you know what this is, and if so, have you already had one?

All women aged 15 and over

Does not know what it is	23%
Knows, but has never had one	56
Knows and has already had one	19
No answer	<u>2</u>
Total	100

The curve representing the degree of awareness according to age is similar to that for the cervical smear. The amount of women who have had the test - very few amongst younger women - is a little over 25% for women aged between 40 and 70. (See graph of next page).

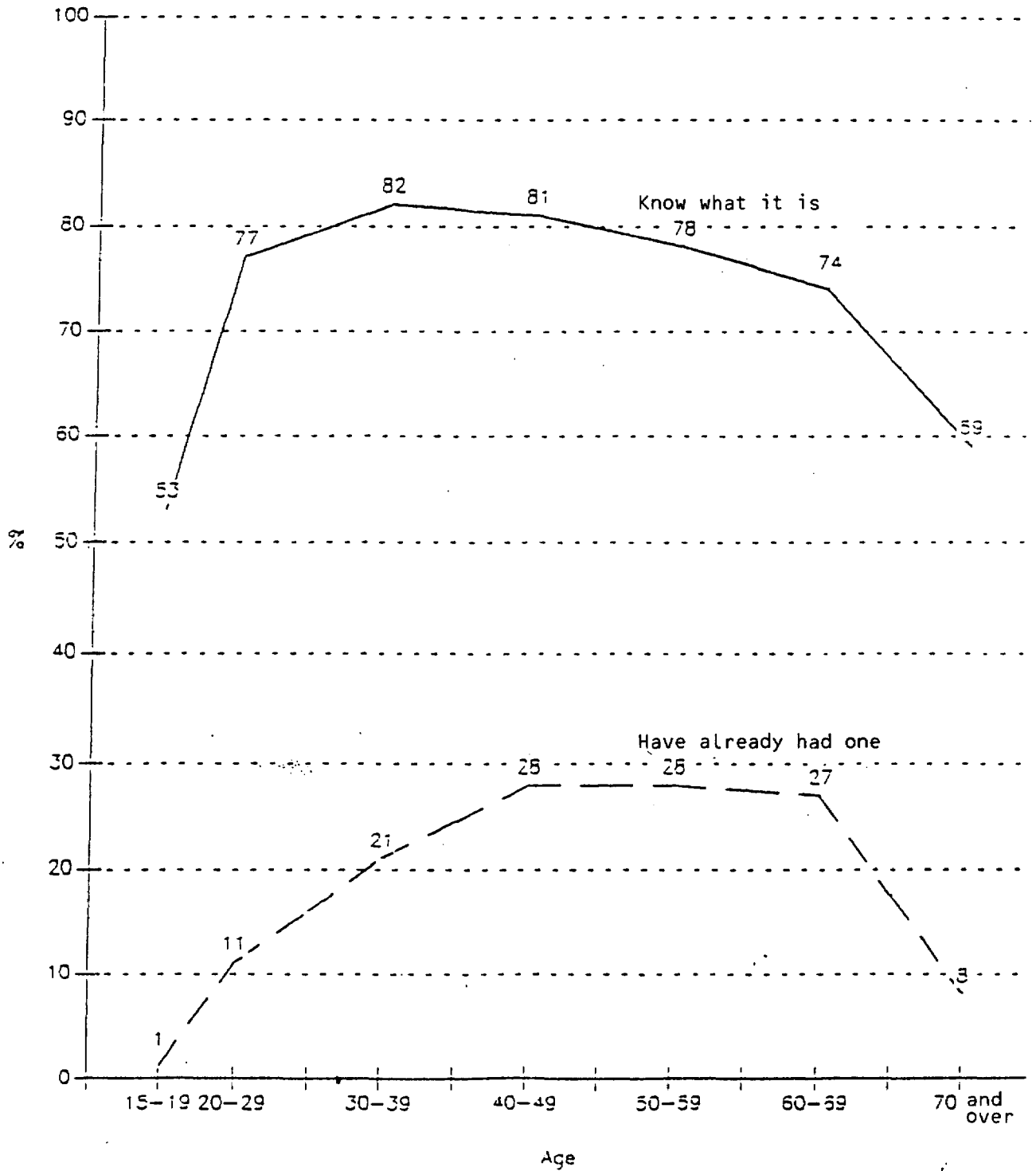
As for the cervical smear, awareness and practical experience of the test vary widely from one country to another: Luxembourg, Germany, Belgium and France are the countries where mammography is most widespread (over 20%), whereas it is rare in Ireland, the United Kingdom and Portugal (less than 10%).

¹ Some cancer specialists are, however, in favour of a lower age and more frequent tests: an initial mammography for women aged between 35 and 40, an examination every two years between the age of 40 and 50 and an annual examination from the age of 50.

MAMMOGRAPHY

AWARENESS AND EXPERIENCE ACCORDING TO AGE

(Whole Community)



At what age do women begin to undergo mammography?

Most answers were between 30 and 45 years of age, with a median age of 37.8. For older women (55 and over) the median age of the first examination is a little over 49.

For women aged between 40 and 54, the age bracket in which relatively the most women had had the test, the median age is 38. For the youngest women the median age is 26. Women tend to have the examination every five years, with little variation among the various segments of the population.

MAMMOGRAPHY

AWARENESS, EXPERIENCE, FREQUENCY

	KNOW ABOUT IT	HAVE ALREADY HAD ONE	EVERY YEAR	EVERY 2 OR 3 YEARS	LESS OFTEN	NEVER
	(1)	(2)	(3)	(4)	(5)	(6)
	%	%	%	%	%	%
Whole Community (women)	75	19	3	3	13	81
COUNTRY						
Belgique	70	26	10	4	12	74
Danmark	69	17	2	2	13	83
Deutschland	83	29	6	9	14	71
Ellas	83	10	1	2	7	90
Espana	64	12	4	2	6	88
France	83	24	5	4	15	76
Ireland	55	5	-	1	4	95
Italia	91	21	4	2	15	79
Luxembourg	86	33	7	5	21	67
Nederland	48	12	1	1	10	88
Portugal	61	9	1	-	8	91
United Kingdom	57	8	1	1	6	92
AGE						
15-24	65	5	2	1	2	95
25-39	81	18	4	4	10	82
40-54	81	28	5	6	17	72
55 and over	70	21	3	4	14	79
LEVEL OF EDUCATION						
Low	69	20	3	4	13	80
Average	75	17	4	4	9	83
High	89	21	5	4	12	79
HOUSEHOLD INCOME						
Low --	64	14	3	3	8	86
-	60	17	4	3	10	83
+	81	22	4	5	13	78
High ++	87	25	4	6	15	75
	4					
OPINION LEADERSHIP						
Strong ++	76	24	4	5	15	76
+	79	21	5	4	12	79
-	76	16	3	3	10	84
Weak --	68	18	3	4	11	82

N.B. All the percentages are calculated on the basis of all the women from each group.

The sum of columns (2) and (6) = 100%

The sum of columns (3) to (7) = column (2).

5.2.2. Answers given by women aged 50 or over

Only 17% of European women aged 50 or over have already undergone this screening test. In addition, the vast majority of these women have not had the test as often as recommended since only 6% of women have had a mamography at intervals of less than three years. The country lagging least behind European cancer specialists' recommendations is Germany where one woman out of six has had a mamography more often than once every three years.

MAMMOGRAPHY

**Experience and frequency in each country among
women aged 50 or more¹**

	Number of women used as basis for percentages	Every year	Every 2 or 3 years	Less often	Never had one
WHOLE COMMUNITY	2 215	3%	3%	11%	83%
Belgique	179	6	4	11	79
Danmark	167	3	2	17	78
Deutschland	175	7	10	18	65
Ellas	201	-	1	8	91
Espana	226	2	2	6	90
France	156	5	1	22	72
Ireland	165	-	1	5	94
Italia	186	4	3	20	73
Luxembourg	43	(9)	(7)	(23)	(61)
Nederland	136	1	1	15	83
Portugal	216	-	1	8	91
United Kingdom	266	-	2	7	91

¹ The results for each country must be interpreted cautiously because the sample surveyed is small.

CONCLUSION

Each of the sample surveys carried out successively on a given subject should confirm previous results, indicate possible changes in attitude or behaviour and provide more detailed information about the area under survey.

Since this second survey, which is part of the "Europe against cancer" programme, was conducted only twelve months after the first one, no significant indications as to changes in attitude or behaviour could be expected.¹ On the other hand, it confirms the results of the previous poll as far as, for example, nicotine addiction and the desire amongst smokers to give up are concerned. But above all, this survey provides new information on several points which cancer experts consider highly significant: eating habits (fresh fruit and vegetables, alcoholic beverage); watching one's weight; the age at which women begin to have cancer screening tests, such as the cervical smear and mammography, and how often they have them.

1 See "Europeans and cancer prevention: a study of attitudes and behaviour of the public". Survey carried out as a supplement to EUROBAROMETER No 27, March-April 1987. Working paper of October 1987 and final report of June 1988.

EATING HABITS

After consulting cancer specialists nine food products were chosen: fresh foods, such as fruit juice, fruit and vegetables (providing vitamins and in some cases fibre); alcoholic beverages such as wine and beer; aperitifs and "spirits" (in the normal sense); and finally milk and coffee to complete the table.

Nutritionists will doubtless have been disappointed not to have found information in the survey about the quantities consumed per person per day. The authors of the survey are aware of this limitation, which was inevitable in a first international survey of this type, conducted under time pressures and with a very strict budget and covering nearly twelve thousand people in twelve countries with widely varying cultures.

The results obtained nonetheless provide valuable information about how often food products are eaten ("every day or almost every day, three or four times a week, once or twice a week, less often, never").

This information already gives an indication of groups "at risk" because they tend to eat too little or too much of one product or another.

It appears from these results - subject to further research on broader national samples or surveys repeated at fairly short intervals - that Europeans do not seem to suffer from eating insufficient quantities of fresh produce: virtually all of them (91%) eat one or other of these products (fresh fruit juice, fruit or vegetables) at least three or four days a week. Only Germany stands out because they eat fresh products less often than this average: 77% of Germans eat one of these products at least three or four days a week.

Only 2% of Europeans suffer from a lack of these products. These are people who say that they rarely or never eat these fresh foods.

There are much greater differences between countries as regards alcoholic beverages and in some cases consumption appears to be excessive and may be even more so than the replies to such a survey reveal.

On average, 42% of Europeans do not drink or drink very little alcohol of any kind at all. 25% drink it frequently (at least three or four days a week); 32% therefore fall into the intermediate category. The country with the highest proportion of frequent drinkers is Italy (43%), a country which is a major producer and consumer of wine, while Ireland comes at the other end of the range (6%).

Clearly, it would be helpful to have information about the quantities consumed for contrasts of this sort, which we do not have in this survey. However, since the alcohol content varies widely from one beverage (or category of beverage) to another, we have drawn a distinction between the consumption of wine and/or beer on the one hand and other alcoholic beverages (aperitifs and spirits) on the other. These analyses show that consumption of wine and/or beer is frequent (at least three or four days a week) for 23% of Europeans: 33% of men and 13% of women. As for the consumption of aperitifs and/or spirits, this is frequent for 8% of Europeans: 12% of men and 5% of women.

WATCHING ONE'S WEIGHT

This recommendation from the European Code is followed by seven Europeans out of ten (72%), with wide variations between countries: 80% of Germans watch their weight compared with scarcely more than one Portuguese out of two (55%). Women are more used to doing this than men.

SMOKING AND WANTING TO STOP

The results of the first survey have been confirmed: more than a third of Europeans are smokers (36%), but the majority of these smokers - five or six out of ten - say that they want to cut down or stop smoking altogether.

Sex and age are closely related to tobacco addiction. It is a well-known fact that fewer women than men smoke but the difference varies widely depending on the country and age category. For example, in Denmark there are more young women aged between 15 and 24 who smoke than men in the same age bracket. Careful analysis of the 1987 and 1988 results tend to indicate, however, that a slight fall in the number of young smokers is beginning, but that this will take longer to affect women smokers as they began smoking more recently.

It also emerges that education seems to play a complex role in tobacco addiction. This role varies according to sex and age (or rather generation). Lastly, the level of education seems to encourage men not to smoke, which is not the case - at least not yet - among women. Obviously, comparative data is needed over a much longer period to confirm these trends. All these indicators - taken together - seem to show that smoking in the Community is on the decline.

As regards the smoker's "career" or the length of time a person has smoked, this survey comes up with some new information which should make it easier to identify high-risk groups, namely smokers or former smokers who have smoked for a continuous period of, for example, over ten years.

SPECIFICALLY FOR "WOMEN": CERVICAL SMEAR AND MAMMOGRAPHY

The European Code recommends that women should undergo a cervical smear at regular intervals of three to five years from the age of 20 and, if possible, to undergo a mammography from the age of 50 onwards.

In fact, Europe is far from achieving these objectives.

As regards the cervical smear, on average 18% of European women do not know what it is, 32% know what it is but have never had one and 48% know what it is and have already had one.

The results for mammography are even lower: 23% of European women say that they do not know what it is; 56% say that they know what it is but have never had one and only 19% know what it is and have had one.

There are marked differences between countries and also in each country there are variations according to social level (education and income).

It emerges quite clearly that for these two screening techniques, apart from the individual variables studied here, a number of national factors (cultural traits, medical training, social security system, etc.) play a decisive role.

ANNEXES

- 1 - List of survey organizations
- 2 - Structure of national samples according to sex and age
- 3 - Definition of the criteria used in the analyses
- 4 - Questionnaire
- 5 - Summary of key figures, by country

INSTITUTS CHARGES DU SONDAGE ET SPECIALISTES RESPONSABLESINSTITUTES WHICH CARRIED OUT THE SURVEY AND EXPERTS IN CHARGE

BELGIQUE/BELGIE	DIMARSO N.V. 78 Boulevard Lambertmont 8-1030 - BRUXELLES	Patrick JANSSENS	Tél. 322.215.19.30. Télex 046.64577 Telefax 322.218.00.99
DANMARK	GALLUP MARKEDSANALYSE A.S. Gammel Vartovvej 6, DK-2900 HELLERUP, COPENHAGEN	Rolf RANDRUP	Tél. 451.29.88.00 Télex 055.15180 Telefax 451.18.24.66
DEUTSCHLAND	EMNID-INSTITUT GmbH Bodenschwinghstrasse 23-25a D-4800 BIELEFELD 1	Walter TACKE Klaus-Peter SCHOEPNER Franz KILZER	Tél. 49.521.260.010 Télex 041.932833 Telefax 49.521.260.01.55
ELLAS	ICAP HELLAS S.A. 64 Queen Sophia Avenue GR-115 28 ATHENS	Anthony LYKIARDOPOULOS Tilemachos DIB	Tél. 301.722.56.51 Télex 0601.215736 Telefax 301.722.02.55
ESPANA	INTERGALLUP Pº de la Castellana, 72-1º E-280046 MADRID	Jaime MIQUEL ADRADA Luis PAMBLANCO	Tél. 341.262.62.54 Télex 052.97804 Telefax 341.563.22.26
FRANCE	INSTITUT DE SONDAGES LAVIALLE 6-8 Rue du 4 Septembre F-92130 ISSY-LES-MOULINEAUX	Albert LAVIALLE Florence SIOUFFI	Tél. 331.45.54.97.11 Télex 205165 Telefax 331.45.54.74.47
IRELAND	IRISH MARKETING SURVEYS Ltd 19-20 Upper Pembroke Street IRL-DUBLIN 2	Charles COYLE Mary BOYCE	Tél. 353.176.11.96 Télex 0500.30617 Telefax 353.176.08.77
ITALIA	ISTITUTO PER LE RICERCHE STATISTICHE E L'ANALISI DELL'OPINIONE PUBBLICA (DOXA) Via Panizza 7, I-20144 MILANO	Ennio SALAMON Alfonso del RE	Tél. 392.48.19.33.20 Télex 321.101 Telefax 392.48.19.32.86
LUXEMBOURG	INSTITUT LUXEMBOURGEOIS DE RECHERCHES SOCIALES (ILRES) 6, rue du Marché-aux-Herbes GD- 1728 LUXEMBOURG	Louis MEVIS Charles MARGUE	Tél. 352.47.50.21. Télex 0402.60468 Telefax 352.46.26.20
NEDERLAND	NEDERLANDS INSTITUUT VOOR DE PUBLIEKE OPINIE (NIPO) B.V. Westerdokhuis, Barentzplein 7 NL-1013 AMSTERDAM	Arnold WEIJTLANDT Martin JONKER	Tél. 31.20.24.88.44 Télex 044.14614 Telefax 31.20.26.43.75
PORTUGAL	NORMA - Sociedade de Estudos para o Desenvolvimento de Empresas, S.A.R.L. Rua Marqués de Fronteira, 76 P-1000 LISBOA	Henrique SANTA CLARA GOMEZ Mario BACALHAU	Tél. 351.1.76.76.04 Télex 0404.12604 Telefax 351.1.773.948
UNITED KINGDOM	SOCIAL SURVEYS (GALLUP POLL) 202 Finchley Road, UK - LONDON NW3 6BL	Norman WEBB Robert WYBROW	Tél. 441.794.04.61 Télex : 051.261712 Telefax : 441.431.02.52

Coordination internationale/International coordination :

Hélène RIFFAULT - Jean-François TCHERNIA

FAITS ET OPINIONS

25, rue Cambon, F-75001 PARIS

Tél. 331.42.96.41.65 - Télex 214789 - Telefax 331.42.60.40.5

Toutes les données relatives aux Euro-Baromètres sont déposées aux "Belgian Archives for the Social Sciences", (1, place Montesquieu, B-1348 Louvain-la-Neuve). Elles sont tenues à la disposition des organismes membres du European Consortium for Political Research (Essex), du Inter-University Consortium for Political and Social Research (Michigan) et des chercheurs justifiant d'un intérêt de recherche.

Pour tous renseignements sur les études d'opinion publique faites à l'initiative de la Commission des Communautés européennes, écrire à Karlheinz REIF, "Sondages, recherches, analyses, 200, rue de la Loi, B-1049 Bruxelles.

(*) Les douze instituts chargés de ces sondages sont représentés par la société THE EUROPEAN OMNIBUS SURVEYS s.c., dont le comité de direction comprend : Jan Stapel (NIPO, Amsterdam), Norman Webb (GALLUP INTERNATIONAL, Londres), Hélène Riffault et Jean-François Tchernia (FAITS & OPINIONS, Paris) et Nicole Jamar (THE EUROPEAN OMNIBUS SURVEYS, Bruxelles).

(**) Le sondage en Northern Ireland est fait en collaboration par Irish Marketing Surveys et Social Surveys (Gallup Poll).

All Euro-Barometer data are stored at the Belgian Archives for the Social Sciences (1, Place Montesquieu, B-1348 Louvain-la-Neuve). They are at the disposal of all institutes members of the European Consortium for Political Research (Essex), of the Inter-University Consortium for Political and Social Research (Michigan) and all those interested in social science research.

For all information regarding opinion surveys carried out for the Commission of the European Communities, please write to Karlheinz REIF, "Surveys, Researches, Analyses", 200 rue de la Loi, B-1049 Brussels.

The twelve institutes which carried out these surveys are represented by THE EUROPEAN OMNIBUS SURVEYS s.c., of which the board members are : Jan Stapel (NIPO, Amsterdam), Norman Webb (GALLUP INTERNATIONAL, London), Hélène Riffault and Jean-François Tchernia (FAITS ET OPINIONS, Paris) and Nicole Jamar (THE EUROPEAN OMNIBUS SURVEYS, Brussels).

The Northern Ireland survey is conducted jointly by Irish Marketing Surveys and Social Surveys (Gallup Poll).

ECHANTILLONNAGE/SAMPLING

L'objectif de la méthode d'échantillonnage est de couvrir de façon représentative la totalité de la population âgée de 15 ans et plus, des douze pays de la Communauté élargie. L'échantillonnage de chaque pays est constitué à deux niveaux :

1°) Régions et localités d'enquête

L'enquête a lieu sur l'ensemble du territoire des douze pays, soit 138 régions. (Voir liste ci-jointe)

Chaque pays a constitué aléatoirement un échantillon-maître de localités d'enquête, de telle sorte que toutes les catégories d'habitat soient représentées proportionnellement à leurs populations respectives.

Au total, les interviews ont lieu dans environ 1.350 points d'enquête.

The sample has been designed to be representative of the total population aged 15 years and over of the twelve countries of the enlarged Community. In each country a two stage sampling method is used :

1°) Geographical distribution

The survey covers the whole territory of the twelve countries i.e. 138 regions. (See attached list)

In each country a random selection of sampling points is made in such a way that all types of area (urban, rural, etc..) are represented in proportion to their populations.

The interviews are distributed in more or less 1.350 sampling points.

2°) Choix des personnes interrogées

Les personnes interrogées sont toujours différentes d'une enquête à l'autre. L'échantillon-maître aléatoire évoqué ci-dessus indique le nombre de personnes à interroger à chaque point d'enquête. Au stade suivant, les personnes à interroger sont désignées :

- soit par un tirage au sort sur liste dans les pays où on peut avoir accès à des listes exhaustives d'individus ou de foyers : Danemark, Luxembourg, Pays-Bas. ;
- soit par échantillonnage stratifié sur la base des statistiques de recensement, l'échantillon étant construit à partir des critères de sexe, âge et profession : Belgique, France, Italie, Royaume-Uni, Irlande ;
- soit par une méthode combinant les deux précédentes (cheminement systématique) : Allemagne, Grèce, Espagne, Portugal.

2°) Choice of respondents

For each survey different individuals are interviewed in the master sample of sampling point described above. Within these sampling points the individuals to be interviewed are chosen :

- either at random from the population or electoral lists in those countries where access to suitable lists of individuals or households is possible : Denmark, Luxembourg, Netherlands ;
- or by quota sampling. In these cases the quotas are established by sex, age and occupation on the basis of census data : this system is used in Belgium, France, Italy, United-Kingdom, Ireland ;
- or by a method combining the two precedent ones ("random route") : Germany, Greece, Spain, Portugal.

	Population (1)			Echantillons/ Samples (2) (Euro-Baromètre n° 29)	Dates (Euro-Baromètre n° 29)
	Milliers /Thou- sands	% CE/EC 10	% CE/EC 12		
B	7.924	3.64	3.12	1.022	01/04 au 13/04/1988
DK	4.133	1.90	1.62	1.009	10/04 au 25/04/1988
D	51.466	23.62	20.26	1.007	22/03 au 18/04/1988
GR	7.715	3.54	3.04	1.000	20/03 au 20/04/1988
F	42.851	19.67	16.87	993	30/03 au 29/04/1988
IRL	2.455	1.13	.97	992	28/03 au 19/04/1988
I	44.438	20.39	17.49	1.021	01/04 au 21/04/1988
L	300	.14	.12	300	18/03 au 22/04/1988
NL	11.400	5.23	4.49	1.023	30/03 au 16/04/1988
UK	45.207	20.75	17.79	1.345	26/03 au 20/04/1988
CE/EC 10	217.889	100.00	85.77	9.712	18/03 au 29/04/1988
E	28.854	-	11.36	1.017	05/04 au 19/04/1988
P	7.314	-	2.88	1.000	23/03 au 22/04/1988
CE/EC 12	254.057	-	100.00	11.729	18/03 au 29/04/1988

Il est rappelé que les résultats obtenus par sondage sont des estimations dont le degré de certitude et de précision dépend, toutes choses égales d'ailleurs, du nombre des individus constituant l'échantillon. Avec des échantillons de l'ordre de 1.000, on admet généralement qu'une différence inférieure à cinq pour cent entre deux pourcentages est au-dessous du niveau acceptable de confiance.

Readers are reminded that sample survey results are estimations, the degree of certainty and precision of which, everything being kept equal rests upon the number of cases. With samples of about 1.000, it is generally admitted that a percentage difference of less than five per cent is below the acceptable level of confidence.

(1) 15 ans et plus. / 15 years and over.

(2) Nombre d'interviews. / Number of interviews.

STRUCTURE OF NATIONAL SAMPLES ACCORDING TO SEX AND AGE (1)STRUCTURE DES ECHANTILLONS NATIONAUX SELON LE SEXE ET L'AGE (1)

	B	DK	D	GR	E	F	IRL	I	L	NL	P	UK
Total sample Echantillon total	1022	1009	1007	1000	1017	993	992	1021	300	1023	1000	1345
of which												
Men/Hommes.....	507	508	491	484	451	450	490	504	161	483	470	630
15-24 yrs/ans...	113	87	100	97	132	102	121	91	37	91	110	136
25-39 yrs/ans...	138	144	146	136	122	133	144	146	49	154	133	161
40-54 yrs/ans...	126	132	120	118	68	73	99	109	35	97	103	134
55 + yrs/ans....	130	145	125	133	129	142	122	158	40	141	129	194
Women/Femmes.....	515	501	516	516	566	539	492	517	139	540	530	715
15-24 yrs/ans...	91	103	93	93	106	95	112	112	25	91	98	132
25-39 yrs/ans...	153	147	165	124	161	208	132	133	40	214	152	202
40-54 yrs/ans...	133	108	112	140	113	112	105	138	44	127	115	161
55 + yrs/ans....	138	143	146	159	186	122	140	144	30	103	165	217

- (1) Owing to a number of non-replies regarding sex and age, there may be some cases when there are very slight differences between the total number of persons interviewed and the total number of persons in such or such a category.
- (1) Par suite de quelques non-réponses concernant le sexe ou l'âge, il peut y avoir dans certains cas de très légères différences entre le total des personnes interrogées et la somme de celles qui entrent dans telle ou telle catégorie.

DEFINITION OF THE CRITERIA USED IN THE ANALYSES

LEVEL OF EDUCATION

In view of the great diversity of the school and university systems in the ten countries of the European Community and the fact that schooling as experienced by the older age groups was different from the present educational systems, information on the level of education of persons questioned in of the Europe-wide surveys was obtained as follows:

Question: "At what age did you complete your full-time education?"

Respondents were divided into three categories of education level (according to the duration of their formal education):

- low level: completed at 15 years of age or earlier;
- medium level: completed at 16, 17, 18 or 19 years of age;
- high level: completed at 20 years of age or over.

LEVEL OF INCOME

Question: "We wish to analyse the results of this survey according to the level of income of the respondents. Here is an income scale; we would like to know in which category your household comes, taking into account the salaries or wages, pensions, income or other resources of members of your household."

Each country has used a scale consisting of 8 to 12 categories, corresponding to the national norms (notably monthly income or annual income).

The analysis involves a study of the distribution of answers given in each country (standard log distribution) on the basis of four quartiles. The top quartiles, bottom quartiles etc. for each country are examined collectively for Europe as a whole. The end result is a classification in four groups, plus a further group of persons from whom no reply was obtained.

Bottom quartile	R—
	R-
	R+
Top quartile	R++

OPINION LEADERSHIP INDEX

It is useful, in analysing the results of surveys based on representative samples of public opinion, to differentiate from the overall sample individuals displaying certain characteristics generally regarded as reflecting "leadership" qualities: interest in certain questions, degree of activity within the group, etc.

The simplest method of identifying such individuals during a survey is by means of certain specifically-chosen questions.

An analysis of the results obtained from Eurobarometer surveys shows that it is statistically significant to construct an index on the basis of the answers given by all respondents to two questions concerning, first, the person's propensity to discuss politics among friends and, second, the person's propensity to convince others of an opinion which he/she holds strongly. To avoid all confusion with the concept of institutional leadership, often employed in other research contexts, we shall refer to this indicator as an "opinion leadership" index.

The index was designed to cover four categories, the highest category corresponding to those we shall refer to as opinion leaders, i.e. roughly 10% of the European population, and the lowest category to non-leaders (approximately 22%); the two intermediate categories correspond, by extension, to individuals who display respectively slightly more or slightly less leadership than the public average.

The opinion leadership index is explained below in the following table:

	Convince others ...				
	often	from time to time	rarely	never	no reply
Discuss politics ...					
often	++	++	+	+	+
from time to time	+	+	-	-	-
never	-	-	--	--	--
no reply	-	-	--	--	--

In the European population (twelve countries) questioned during the survey, the four categories achieved the following percentages:

Leaders	++	10%
	+	33
	-	35
Non-leaders	--	<u>22</u>
		100

QUESTIONNAIRE

Euro-Baromètre 29

147/ Tous les combien vous arrive-t-il de consommer les produits
155. suivants : tous les jours ou presque, trois ou quatre jours
par semaine, un ou deux jours par semaine, moins souvent ou
jamais ?

1. Tous les jours ou presque
2. Trois ou quatre jours par semaine
3. Un ou deux jours par semaine
4. Moins souvent
5. Jamais

147. Jus de fruit frais (ou surgelé, mais pas en conserve ni concentré)	1	2	3	4	5
148. Fruits frais	1	2	3	4	5
149. Légumes frais (ou surgelés, mais pas en conserve) par exemple choux, petits pois, carottes, haricots verts, salade, etc.	1	2	3	4	5
150. Une tasse ou un verre de lait	1	2	3	4	5
151. Du café	1	2	3	4	5
152. Du vin non coupé d'eau	1	2	3	4	5
153. De la bière	1	2	3	4	5
154. Un apéritif (par exemple vermouth, vin doux etc)	1	2	3	4	5
155. Un alcool (par exemple whisky, gin, cognac, liqueur, etc)	1	2	3	4	5

N.B. Chaque institut pourra donner des exemples pour les
variétés d'apéritifs et d'alcools. Par exemple en France,
Pernod/Pastis dans la catégorie alcool.

156. Maintenant, prenons la journée d'hier. (L'ENQUÊTEUR INDIQUE
LE JOUR DE LA SEMAINE DONT IL S'AGISSAIT). JOUR : _____
(CODER LUNDI = 1, MARDI = 2, ETC.).

157. Hier, diriez-vous que vous avez mangé à peu près comme
d'habitude, plutôt plus que d'habitude, ou plutôt moins que
d'habitude ?

158. Et hier, diriez-vous que vous avez bu à peu près comme
d'habitude, plutôt plus que d'habitude, ou plutôt moins que
d'habitude ?

	157	158
	Mangé	Bu
• A peu près comme d'habitude	1	1
• Plutôt plus que d'habitude	2	2
• Plutôt moins que d'habitude	3	3
• ?	0	0

Euro-Barometer 29

147/ How often do you happen to eat or drink the following
155. products : every day or almost every day, three or four days
in a week, one or two days in a week, less often or never ?

1. Every day or almost every day
2. Three or four days in a week
3. One or two days in a week
4. Less often
5. Never

147. Fresh fruit juice (or frozen, but neither canned nor concentrated)	1	2	3	4	5
148. Fresh fruit	1	2	3	4	5
149. Fresh vegetables (or frozen, but not preserved), such as cabbage, peas, car- rots, green beans, salad, etc.	1	2	3	4	5
150. A glass or cup of milk	1	2	3	4	5
151. Coffee	1	2	3	4	5
152. Wine, without addition of water	1	2	3	4	5
153. Beer	1	2	3	4	5
154. Aperitives (for instance, vermouth, fortified wine, etc.)	1	2	3	4	5
155. Spirits (for instance, whisky, gin, cognac, liqueur etc.)	1	2	3	4	5

N.B. Each institute may give example for aperitives and spirits.
For instance, in England, sherry in the category of aper-
itives.

156. Now, let us talk about yesterday (INTERVIEWER WRITES DOWN
WHICH DAY OF THE WEEK YESTERDAY WAS). _____
(CODE MONDAY = 1, TUESDAY = 2, ETC.)

157. Would you say that yesterday, you ate about what you usually
eat, rather more than usual or rather less than usual ?

158. And yesterday, did you drink about what you usually drink,
rather more than usual or rather less than usual ?

	157	158
	Ate	Drink
About as usual	1	1
Rather more than usual	2	2
Rather less than usual	3	3
?	0	0

159/ REPRENANT LA LISTE DES PRODUITS UTILISES POUR LA QUESTION 162. 147-155 (MONTRER A NOUVEAU LA LISTE), pouvez-vous me dire si HIER vous en avez consommé à votre repas de midi ?

Et en avez-vous consommé au repas du soir ?
Et à votre petit déjeuner ?
Et en avez-vous consommé en dehors des repas (par exemple, avant le petit déjeuner ou dans l'après-midi, ou après le repas du soir etc.) ?

	Repas de midi	Repas du soir	Petit déjeuner	En dehors des repas
	159	160	161	162

Jus de fruit frais (ou surgelé, mais pas en conserve ni concentré)	1	1	1	1
Fruits frais	2	2	2	2
Légumes frais (ou surgelés, mais pas en conserve) par exemple choux, petits pois, carottes, haricots verts, salade etc.	3	3	3	3
Une tasse ou un verre de lait	4	4	4	4
Du café	5	5	5	5
Du vin non coupé d'eau	6	6	6	6
De la bière	7	7	7	7
Un apéritif (par exemple vermouth, vin doux etc)	8	8	8	8
Un alcool (par exemple whisky, gin, cognac, liqueur, etc)	9	9	9	9

163. Parmi les situations suivantes, quelle est celle qui correspond à votre cas ? (REPONSES MULTIPLES POSSIBLES POUR 1 ET 2).

1. Vous fumez des cigarettes (y compris cigarettes roulées à la main)
2. Vous fumez le cigare, la pipe
3. Vous avez arrêté de fumer
4. Vous n'avez jamais fumé
0. ?

(AUX FUMEURS DE CIGARETTES Y COMPRIS CIGARETTES ROULEES A LA MAIN)

164. Combien de cigarettes fumez-vous par jour ?

1. Moins de 5
2. 5 à 9
3. 10 à 14
4. 15 à 19
5. 20 à 24
6. 25 à 29
7. 30 à 34
8. 35 à 39
9. 40 et plus
0. ?

165. Quelle sorte de cigarettes fumez-vous le plus souvent ? (MONTRER LA CARTE)

1. Cigarettes roulées à la main avec du tabac blond
2. Cigarettes roulées à la main avec du tabac brun
3. Cigarettes blondes sans filtre
4. Cigarettes blondes avec filtre
5. Cigarettes brunes sans filtre
6. Cigarettes brunes avec filtre
7. Cigarettes au menthol
8. Autre réponse
0. ?

N.B. Chaque institut pourra si nécessaire citer des marques pour illustrer le type de cigarette.

159/ Coming back to the list of products we have mentioned before. 162. (INTERVIEWER SHOWS LIST USED IN Q. 147/155), would you please tell me for each of them if you had it at lunch yesterday ?

And at dinner in the evening ?
And at breakfast ?
And at other times (for instance before breakfast, during the afternoon, later in the evening etc.) ?

	Lunch	Dinner	Break-fast	At other times
	159	160	161	162

Fresh fruit juice (or frozen but neither canned or concentrated)	1	1	1	1
Fresh fruit	2	2	2	2
Fresh vegetables (or frozen, but not preserved), such as cabbage, peas, carrots, green beans, salad, etc.	3	3	3	3
A glass or cup of milk	4	4	4	4
Coffee	5	5	5	5
Wine, without addition of water	6	6	6	6
Beer	7	7	7	7
Aperitifs (for instance, Vermouth, fortified wine, etc.)	8	8	8	8
Spirits (for instance, whisky, gin, cognac, liqueur etc.)	9	9	9	9

163. Which of the following things applies to yourself (MULTIPLE ANSWER POSSIBLE 1 AND 2).

1. You smoke cigarettes (including Roll-your-own)
2. You smoke cigars or a pipe
3. You used to smoke but you have stopped
4. You have never smoked
0. ?

(TO CIGARETTE SMOKERS INCLUDING ROLL-YOUR-OWN).

164. How many cigarettes do you smoke a day ?

1. Less than 5
2. 5 to 9
3. 10 to 14
4. 15 to 19
5. 20 to 24
6. 25 to 29
7. 30 to 34
8. 35 to 39
9. 40 or more
0. ?

165. What kind of cigarettes do you smoke more often ?

1. Roll-your-own with blond tobacco
2. Roll-your-own with black tobacco
3. Blond tobacco cigarettes, without filters
4. Blond tobacco cigarettes, with filters
5. Black tobacco cigarettes, without filters
6. Black tobacco cigarettes, with filters
7. Menthol cigarettes
8. Other
0. ?

N.B. Each institute may give examples of varieties, for instance, in England "Virginia type" for blond cigarettes

(A TOUS LES FUMEURS, DE CIGARETTES, CIGARES, PIPE, ETC. ET ANCIENS FUMEURS) (Codes 1, 2 et 3 à la question 163).

166. A quel âge avez-vous commencé à fumer régulièrement ?

1. A 15 ans ou avant
2. Entre 15 et 25 ans
3. Entre 26 et 35 ans
4. Entre 36 et 45 ans
5. Après 45 ans
0. ?

(A TOUS LES FUMEURS ACTUELS) (Codes 1 et 2 à la question 163).

167. Depuis combien d'années fumez-vous ?

1. Depuis moins de 5 ans
2. Entre 5 et 10 ans
3. Entre 11 et 20 ans
4. Plus de 20 ans
0. ?

168. Actuellement, avez-vous envie de vous arrêter de fumer, de diminuer votre consommation de tabac ou de ne rien changer à vos habitudes ?

1. Envie de vous arrêter de fumer
2. Envie de diminuer votre consommation de tabac
3. Envie de ne rien changer à vos habitudes
0. ?

TREND EURO 27 - Q. 219

(A CEUX QUI SE SONT ARRETE DE FUMER) (Code 3 à la question 163).

169. Pendant combien d'années avez-vous été fumeur ?

1. Pendant moins de 5 ans
2. Pendant 5 à 10 ans
3. Pendant 11 à 20 ans
4. Pendant plus de 20 ans
0. ?

A TOUS

170. Est-ce que vous surveillez votre poids ? (SI OUI), par rapport à l'année dernière, diriez-vous que vous avez plutôt pris du poids, vous avez plutôt perdu du poids ou vous êtes resté au même poids ?

1. Ne surveille pas son poids
2. Plutôt pris du poids
3. Plutôt perdu du poids
4. Resté au même poids
0. ?

171. Avez-vous récemment lu ou entendu quelque chose au sujet d'un programme européen de lutte contre le cancer ?

1. Oui
2. Non
0. ?

(TREND EURO 28 - Q. 141)

(TO ALL SMOKERS AND FORMER SMOKERS) (Codes 1, 2 and 3 in Question 163).

166. How old were you when you started smoking regularly ?

1. 15 Years old or younger
2. Between 15 and 25
3. Between 26 and 35
4. Between 36 and 45
5. After 45
0. ?

(TO THOSE WHO ARE SMOKING) (Codes 1 and 2 in question 163).

167. For how many years have you been smoking till now ?

1. Less than 5 years
2. 5 to 10 years
3. 11 to 20 years
4. More than 20 years
0. ?

168. At the present time, do you wish to stop smoking, cut down your consumption of tobacco, or not to change your smoking habits ?

1. Wish to stop smoking
2. Wish to cut down tobacco consumption
3. Do not wish to change
0. ?

TREND EURO 27 - Q. 219

(TO THOSE WHO HAVE STOPPED SMOKING) (Code 3 in question 163)

169. During how many years have you been a smoker ?

1. Less than 5 years
2. 5 to 10 years
3. 11 to 20 years
4. More than 20 years
0. ?

(TO ALL)

170. Do you watch your weight ? (IF YES) compared with a year ago would you say you put on some weight, or you lost some weight, or you stayed about the same ?

1. Don't watch one's weight
2. Put on some weight
3. Lost some weight
4. Stayed about the same ?
0. ?

171. Have you recently read or heard anything about a European programme for fight against cancer ?

1. Yes
2. No
0. ?

TREND EURO 28 - Q. 141

(AUX FEMMES SEULEMENT)

Voici deux types d'examens médicaux : le frottis vaginal et la mammographie.

172/ Parlons d'abord du frottis vaginal. (POSER LES QUESTIONS 176. a,b,c,d, ET NOTER LES REPONSES DANS LA COLONNE CORRESPONDANTE).

179/ Et parlons maintenant de la mammographie. (POSER LES QUESTIONS 180. a,b,c, ET NOTER LES REPONSES DANS LA COLONNE CORRESPONDANTE).

	Frottis vaginal 172	Mammo- graphie 177
a. Savez-vous ce que c'est et, si oui, l'avez-vous déjà fait faire ?		
Ne sait pas ce que c'est	1	1
Sait, mais jamais fait	2	2
Sait et a fait faire	3	3
(SI A DEJA FAIT FAIRE)		
b. A quel âge l'avez-vous fait faire pour la première fois	<u>73 74 </u>	<u>78 79 </u>
c. Tous les combien le faites vous faire ?	75	80
Tous les ans	1	1
Tous les 2 ou 3 ans	2	2
Tous les 4 ou 5 ans	3	3
Moins souvent	4	4
?	0	0
d. Cet examen est-il fait ...	76	
Par votre médecin ou un généraliste ...	1	
Par un gynécologue	2	
Dans un hôpital, une clinique ou centre de diagnostic	3	
?	0	

(FOR WOMEN ONLY)

Here are two types of medical tests : cervical smear and mammography.

172/ Let us first talk about cervical smear. (ASK QUESTIONS 176. a,b,c,d, AND NOTE ANSWERS IN CORRESPONDING COLUMN).

179/ And let us talk now about mammography. (ASK QUESTIONS 180. a,b,c, AND NOTE ANSWERS IN CORRESPONDING COLUMN).

	Cervical smear 172	Mammography 177
a. Do you know what it is, and, if yes, have you ever had it ?		
Does not know what it is	1	1
Knows, but has never had it	2	2
Knows, and has had it	3	3
(IF HAS HAD IT)		
b. At what age did you have it for the first time ?	<u>73 74 </u>	<u>78 79 </u>
c. How often do you have it done ?	75	80
Every year	1	1
Every two or three years	2	2
Every four or five years	3	3
Less often	4	4
?	0	0
d. Is this test done ...	76	
By your own doctor or a general practitioner	1	
By a gynecologist	2	
In a hospital, a clinic or a diagnostic centre	3	
?	0	

ANNEX 5

SUMMARY OF KEY FIGURES, BY COUNTRY

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

BELGIUM				
Country			EC	
N	F	T	T	
%	%	%	%	
1. "Frequent" food consumption¹				
Fresh fruit juice, fresh fruit or vegetables	93	95	94	91
A cup or glass of milk	25	25	25	45
Coffee	79	77	78	72
Undiluted wine or beer	30	11	20	23
An aperitif or spirit	11	5	8	8
An alcoholic beverage of one kind or other	34	15	24	26
2. Weight monitoring				
Monitor their weight regularly	52	67	60	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	26	26	26	26
	49	30	38	36
3. Smokers (total)				
4. Cigarette smokers (out of 100 persons questioned)				
- light smokers (< 10 cigarettes/day)	8	7	7	9
- medium smokers (10-24 cigarettes/day)	24	15	19	20
- heavy smokers (> 25 cigarettes/day)	11	5	8	5
5. The desire to stop smoking (out of 100 smokers):				
- wish to stop smoking	32	33	32	30
- wish to cut down their smoking	28	26	27	26
- have no desire to change their habits	39	36	38	41
6. "Specifically for women"				
Cervical smear				
- know what it is		75		80
- have already had it		43		48
Mammography				
- known what it is		70		75
- have already had it		26		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

DENMARK				
Country			EC	
M	F	T	T	
%	%	%	%	
1. "Frequent" food consumption¹				
Fresh fruit juice, fresh fruit or vegetables	83	91	87	91
A cup or glass of milk	66	60	63	45
Coffee	80	76	78	72
Undiluted wine or beer	18	6	12	23
An aperitif or spirit	5	3	4	8
An alcoholic beverage of one kind or other	20	8	14	26
2. Weight monitoring				
Monitor their weight regularly	69	80	75	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	24	24	24	26
	46	44	44	36
3. Smokers (total)				
4. Cigarette smokers (out of 100 persons questioned)				
- light smokers (< 10 cigarettes/day)	12	14	12	9
- medium smokers (10-24 cigarettes/day)	21	25	23	20
- heavy smokers (> 25 cigarettes/day)	3	1	2	5
5. The desire to stop smoking (out of 100 smokers):				
- wish to stop smoking	28	25	27	30
- wish to cut down their smoking	22	25	24	26
- have no desire to change their habits	47	45	46	41
6. "Specifically for women"				
Cervical smear				
- know what it is		92		80
- have already had it		62		48
Mammography				
- known what it is		69		75
- have already had it		17		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

1. "Frequent" food consumption¹

Fresh fruit juice, fresh fruit or vegetables

A cup or glass of milk

Coffee

Undiluted wine or beer

An aperitif or spirit

An alcoholic beverage of one kind or other

2. Weight monitoring

Monitor their weight regularly

Out of 100 persons who monitor their weight, state they have gained weight since last year

3. Smokers (total)

4. Cigarette smokers (out of 100 persons questioned)

- light smokers (< 10 cigarettes/day)

- medium smokers (10-24 cigarettes/day)

- heavy smokers (> 25 cigarettes/day)

5. The desire to stop smoking

(out of 100 smokers):

- wish to stop smoking

- wish to cut down their smoking

- have no desire to change their habits

6. "Specifically for women"

Cervical smear

- know what it is

- have already had it

Mammography

- known what it is

- have already had it

GERMANY			
Country			EC
M	F	T	T
%	%	%	%
71	82	77	91
27	30	29	45
78	81	80	72
23	5	13	23
9	3	6	8
26	6	15	20
75	85	80	72
27	23	25	26
45	31	36	36
42	30	35	34
5	6	6	9
25	19	22	20
12	5	8	5
4	18	10	30
27	32	29	26
64	45	56	41
	89		80
	47		48
	83		75
	29		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

1. "Frequent" food consumption¹

Fresh fruit juice, fresh fruit or vegetables

A cup or glass of milk

Coffee

Undiluted wine or beer

An aperitif or spirit

An alcoholic beverage of one kind or other

2. Weight monitoring

Monitor their weight regularly

Out of 100 persons who monitor their weight, state they have gained weight since last year

3. Smokers (total)

4. Cigarette smokers (out of 100 persons questioned)

- light smokers (< 10 cigarettes/day)

- medium smokers (10-24 cigarettes/day)

- heavy smokers (> 25 cigarettes/day)

5. The desire to stop smoking
(out of 100 smokers):

- wish to stop smoking

- wish to cut down their smoking

- have no desire to change their habits

6. "Specifically for women"

Cervical smear

- know what it is

- have already had it

Mammography

- known what it is

- have already had it

GREECE			
Country			EC
M	F	T	T
%	%	%	%
91	95	93	91
39	50	44	45
77	67	72	72
26	8	16	23
20	5	12	8
37	11	24	26
72	82	77	72
22	30	27	26
62	27	44	36
61	27	44	34
5	9	7	9
32	14	23	20
24	4	14	5
48	43	47	30
28	18	24	26
24	39	29	41
	82		80
	30		48
	83		75
	10		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

1. "Frequent" food consumption¹

Fresh fruit juice, fresh fruit or vegetables

A cup or glass of milk

Coffee

Undiluted wine or beer

An aperitif or spirit

An alcoholic beverage of one kind or other

2. Weight monitoring

Monitor their weight regularly

Out of 100 persons who monitor their weight, state they have gained weight since last year

3. Smokers (total)

4. Cigarette smokers (out of 100 persons questioned)

- light smokers (< 10 cigarettes/day)

- medium smokers (10-24 cigarettes/day)

- heavy smokers (> 25 cigarettes/day)

5. The desire to stop smoking

(out of 100 smokers):

- wish to stop smoking

- wish to cut down their smoking

- have no desire to change their habits

6. "Specifically for women"

Cervical smear

- know what it is

- have already had it

Mammography

- known what it is

- have already had it

SPAIN			
Country			EC
M	F	T	T
%	%	%	%
92	97	95	91
75	81	78	45
61	60	61	72
44	19	31	23
16	3	9	8
47	21	33	26
58	70	64	72
26	23	25	26
48	24	35	36
43	22	32	34
11	10	10	9
26	11	17	20
6	1	3	5
30	34	31	30
21	26	22	26
46	40	44	41
	37		80
	12		48
	64		75
	12		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

FRANCE				
Country			EC	
M	F	T	T	
%	%	%	%	
<u>1. "Frequent" food consumption¹</u>				
Fresh fruit juice, fresh fruit or vegetables	94	96	95	91
A cup or glass of milk	40	54	48	45
Coffee	79	80	79	72
Undiluted wine or beer	45	18	31	23
An aperitif or spirit	11	5	8	8
An alcoholic beverage of one kind or other	47	20	33	26
<u>2. Weight monitoring</u>				
Monitor their weight regularly	61	75	68	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	24	27	26	26
<u>3. Smokers (total)</u>				
	46	31	38	36
<u>4. Cigarette smokers (out of 100 persons questioned)</u>				
- light smokers (< 10 cigarettes/day)	12	12	12	9
- medium smokers (10-24 cigarettes/day)	25	15	21	20
- heavy smokers (> 25 cigarettes/day)	5	3	4	5
<u>5. The desire to stop smoking (out of 100 smokers):</u>				
- wish to stop smoking	35	28	32	30
- wish to cut down their smoking	29	36	32	26
- have no desire to change their habits	36	32	35	41
<u>6. "Specifically for women"</u>				
Cervical smear				
- know what it is		89		80
- have already had it		70		48
Mammography				
- known what it is		83		75
- have already had it		24		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

1. "Frequent" food consumption¹

Fresh fruit juice, fresh fruit or vegetables

A cup or glass of milk

Coffee

Undiluted wine or beer

An aperitif or spirit

An alcoholic beverage of one kind or other

2. Weight monitoring

Monitor their weight regularly

Out of 100 persons who monitor their weight, state they have gained weight since last year

3. Smokers (total)

4. Cigarette smokers (out of 100 persons questioned)

- light smokers (< 10 cigarettes/day)

- medium smokers (10-24 cigarettes/day)

- heavy smokers (> 25 cigarettes/day)

5. The desire to stop smoking
(out of 100 smokers):

- wish to stop smoking

- wish to cut down their smoking

- have no desire to change their habits

6. "Specifically for women"

Cervical smear

- know what it is

- have already had it

Mammography

- known what it is

- have already had it

IRELAND			
Country			EC
M	F	T	T
%	%	%	%
94	96	95	91
56	41	49	45
27	38	32	72
6	1	3	23
6	1	4	8
11	2	6	26
49	70	59	72
22	31	28	26
40	31	34	36
33	30	32	34
4	7	5	9
25	21	23	20
4	2	3	5
31	41	35	30
27	26	27	26
39	30	35	41
	90		80
	45		48
	55		75
	5		19

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Mammography

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ITALY			
Country			EC
M	F	T	T
%	%	%	%
95	98	97	91
47	55	51	45
73	75	74	72
53	28	41	23
11	4	8	8
56	30	43	26
75	82	78	72
26	25	26	26
42	27	33	36
40	26	33	34
11	12	11	9
24	13	18	20
5	1	3	5
44	42	44	30
27	23	26	26
25	35	29	41
	81		80
	40		48
	91		75
	21		19

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EUROPEANS AND CANCER PREVENTION
(Spring 1988)

LUXEMBOURG			
Country			EC
N	F	T	T
%	%	%	%
1. <u>"Frequent" food consumption</u> ¹			
Fresh fruit juice, fresh fruit or vegetables	94	99	96
A cup or glass of milk	40	37	38
Coffee	81	84	82
Undiluted wine or beer	28	10	19
An aperitif or spirit	6	5	6
An alcoholic beverage of one kind or other	31	12	22
2. <u>Weight monitoring</u>			
Monitor their weight regularly	66	78	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	23	19	21
3. <u>Smokers (total)</u>	40	33	36
4. <u>Cigarette smokers</u> (out of 100 persons questioned)	37	33	35
- light smokers (< 10 cigarettes/day)	8	7	7
- medium smokers (10-24 cigarettes/day)	20	20	20
- heavy smokers (> 25 cigarettes/day)	9	6	8
5. <u>The desire to stop smoking</u> (out of 100 smokers):			
- wish to stop smoking	36	30	34
- wish to cut down their smoking	20	22	21
- have no desire to change their habits	41	48	44
6. <u>"Specifically for women"</u>			
Cervical smear			
- know what it is		87	80
- have already had it		63	48
Mammography			
- known what it is		86	75
- have already had it		33	19

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EUROPEANS AND CANCER PREVENTION
(Spring 1988)

1. "Frequent" food consumption¹

Fresh fruit juice, fresh fruit or vegetables

A cup or glass of milk

Coffee

Undiluted wine or beer

An aperitif or spirit

An alcoholic beverage of one kind or other

2. Weight monitoring

Monitor their weight regularly

Out of 100 persons who monitor their weight, state they have gained weight since last year

3. Smokers (total)

4. Cigarette smokers (out of 100 persons questioned)

- light smokers (< 10 cigarettes/day)

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5. The desire to stop smoking

(out of 100 smokers):

- wish to stop smoking

- wish to cut down their smoking

- have no desire to change their habits

6. "Specifically for women"

Cervical smear

- know what it is

- have already had it

Mammography

- known what it is

- have already had it

PORTUGAL			
Country			EC
M	F	T	T
%	%	%	%
89	93	92	91
52	53	53	45
57	56	57	72
56	21	38	23
8	1	4	8
57	22	38	26
53	58	55	72
21	23	22	26
40	11	23	36
39	10	23	34
6	4	5	9
27	5	15	20
5	1	3	5
34	14	30	30
39	39	39	26
23	41	27	41
	40		80
	6		48
	61		75
	9		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

NETHERLANDS				
Country			EC	
M	F	T	T	
%	%	%	%	
1. "Frequent" food consumption¹				
Fresh fruit juice, fresh fruit or vegetables	95	98	97	91
A cup or glass of milk	65	68	66	45
Coffee	86	84	85	72
Undiluted wine or beer	17	6	11	23
An aperitif or spirit	16	10	13	8
An alcoholic beverage of one kind or other	28	15	21	26
2. Weight monitoring				
Monitor their weight regularly	69	79	74	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	23	23	23	26
3. Smokers (total)				
	47	40	43	36
4. Cigarette smokers (out of 100 persons questioned)				
- light smokers (< 10 cigarettes/day)	11	14	12	9
- medium smokers (10-24 cigarettes/day)	26	19	23	20
- heavy smokers (> 25 cigarettes/day)	4	5	5	5
5. The desire to stop smoking (out of 100 smokers):				
- wish to stop smoking	32	30	31	30
- wish to cut down their smoking	15	19	17	26
- have no desire to change their habits	49	46	48	41
6. "Specifically for women"				
Cervical smear				
- know what it is		89		80
- have already had it		55		48
Mammography				
- known what it is		48		75
- have already had it		12		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.

EUROPEANS AND CANCER PREVENTION
(Spring 1988)

UNITED KINGDOM				
Country			EC	
M	F	T	T	
%	%	%	%	
<u>1. "Frequent" food consumption¹</u>				
Fresh fruit juice, fresh fruit or vegetables	91	94	93	91
A cup or glass of milk	26	25	26	45
Coffee	65	61	62	72
Undiluted wine or beer	12	3	7	23
An aperitif or spirit	12	7	9	8
An alcoholic beverage of one kind or other	20	10	15	26
<u>2. Weight monitoring</u>				
Monitor their weight regularly	66	72	69	72
Out of 100 persons who monitor their weight, state they have gained weight since last year	26	37	32	26
<u>3. Smokers (total)</u>				
	40	30	34	36
<u>4. Cigarette smokers (out of 100 persons questioned)</u>				
- light smokers (< 10 cigarettes/day)	5	6	6	9
- medium smokers (10-24 cigarettes/day)	23	20	22	20
- heavy smokers (> 25 cigarettes/day)	5	3	4	5
<u>5. The desire to stop smoking (out of 100 smokers):</u>				
- wish to stop smoking	32	44	37	30
- wish to cut down their smoking	21	23	22	26
- have no desire to change their habits	45	32	39	41
<u>6. "Specifically for women"</u>				
Cervical smear				
- know what it is		93		80
- have already had it		67		48
Mammography				
- known what it is		57		75
- have already had it		8		19

¹ For fresh fruit juice, fruit or vegetables, and for aperitifs or spirits: at least three or four days per week. For other products (milk, wine or beer, or other alcoholic beverages): daily or virtually daily.