

Design: Cross-sectional survey of 2995 15-year-olds via questionnaire and interview, timed to collect two saliva samples for morning cortisol.

Setting: The west of Scotland (Glasgow area).

Measures: Family SES (represented by parental social class, material deprivation and family affluence); school hierarchies (derived from subjective placement on 7 “ladders” and factored into three dimensions, termed scholastic, peer and sports status); cortisol (logged to correct for skewness); biological confounds (time of awakening, time of cortisol measurement, day of the week).

Analysis: OLS linear regression (univariate and multivariate) within a multi-level (school) context, all models adjusted for biological confounds.

Results: Little or no variation in cortisol was observed for any SES measure. By contrast, each school hierarchy was independently associated with cortisol in different ways. For the scholastic hierarchy, an inverse linear relationship was found in both genders ($p < 0.01$), cortisol increasing with lower position. For peer hierarchy, an opposite linear relationship was observed for males ($p < 0.001$), cortisol increasing with higher position, while for females elevated cortisol was associated only with “top” position. For sports, elevated cortisol was only associated with “bottom” position among males, with all but the “top” among females. Further adjustment for smoking did not alter these results.

Conclusions: These findings are interpretable against predictions about the stress correlates of hierarchical position in more and less stable social systems, the former represented by the scholastic hierarchy involving negative effects on those in lower positions, the latter by peer hierarchy having negative effects higher up. The particularly stressful “top” position for females is consistent with evidence from other studies. Overall, the results highlight the much greater importance of school-based peer groups for young peoples’ stress than family SES, the latter adding to the evidence-base that youth is characterised by much less SES variation in health than any other stage in the life-course.

038 INEQUALITIES IN THE HEALTH AND WELL-BEING OF 15-YEAR-OLD BOYS AND GIRLS IN SCOTLAND AND THE MEDIATING EFFECT OF THE FAMILY MEAL

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Background: Previous research has shown the importance of the family in young people’s health. In particular, family structure has been associated with a range of health outcomes with those living in both-parent families generally faring best.

Objective: The aim of this study is to describe health and health behaviour in different family structures and to assess the mediating role of the family meal on this association.

Methods: Data from the 2006 Health Behaviour in School-Aged Children survey were modelled using Multilevel Binomial modelling for boys and girls, with 14 self-report health and health behaviour outcomes, adjusting for age, family structure and family meals.

Results: Family structure was associated with boys’ smoking, drinking, cannabis use, tooth brushing, life satisfaction, self-reported health, sexual intercourse and fruit consumption. Family structure was associated with girls’ smoking, drinking, cannabis use, fighting, life satisfaction, happiness, self-reported health, multiple health complaints (MHC), sexual intercourse and fruit and vegetable consumption. Physical activity and bullying did not differ by family structure. For the majority of outcomes, boys living in step families and girls from single parent families fared the worst. Around two thirds of young people ate a meal with their family at least 4 days per week and this was associated with positive health and health behaviour for the majority of outcomes. For example,

among girls who ate 4 or more times a week with their families, the odds of smoking cannabis were 0.20 (95% CI 0.12 to 0.33) those who ate with their family less often, while the odds of happiness were 1.72 (1.34 to 2.22). Similarly, among boys the odds of smoking tobacco were 0.59 (0.43 to 0.82) and tooth brushing 1.55 (1.21 to 2.00). Among girls, after adjusting for family meals, the association between family structure and vegetable consumption became insignificant, while the association with drinking, fighting, cannabis use, happiness and MHC was attenuated. Among boys, family meals mediated the relationship between family structure and smoking, drinking and cannabis use, and contributed to the association with sexual intercourse and fruit consumption.

Conclusions: Differences in family composition in contemporary society appear to have important implications for health outcomes of adolescents, and living with both parents is generally associated with the most favourable outcomes. While family transitions may be unavoidable, having a family meal 4 or more times a week mediates, in some cases entirely, the potential negative effects of living in single parent and step families.

039 COMPARISON OF TEENAGERS’ EARLY SAME SEX AND HETEROSEXUAL BEHAVIOUR IN THE UK: DATA FROM THE SHARE AND RIPPLE STUDIES

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Objectives: To compare the sexual experiences of UK teenagers who have same-sex partners with those who have exclusively opposite-sex partners, in terms of context, quality and risk involved. Pupils’ background and attitudes were explored to suggest reasons for differences.

Studies: Self-complete, anonymised questionnaires were administered at ages 13/14 and 15/16 years to pupils in two school-based RCTs of sex education programmes in Scotland (SHARE) England (RIPPLE), giving a combined eligible sample of 10 250 for this study.

Main Measures: “First sex” (FS) reported at age 15/16 was defined for a same-sex partner as any genital contact, and for an opposite-sex partner as vaginal intercourse. Teenagers were classified according to gender of sexual partner(s) as reporting exclusively heterosexual, exclusively homosexual, or bisexual behaviour. Additional information was collected on circumstances of, and feelings after, first hetero- and homosexual sex; and on heterosexual risk behaviours (age at FS, condom use, number of partners and pregnancy).

Methods: Regression models of quality of FS and of sexual risk on sexual group adjusted for age, arm of trial and gender, and took account of clustering by school.

Results: Four in ten teenagers (39%, $N = 3565$) reported heterosexual intercourse and no same-sex genital contact. Same-sex FS was reported by 2.5% ($N = 201$) teenagers. Bisexual (BS) behaviour was reported by most (72%) of teenagers in the homosexual behaviour group. Girls were more likely than boys to report heterosexual intercourse (43% vs. 35%), but were no different in reporting same-sex genital contact. First same-sex genital contact was more likely than first heterosexual intercourse to be at a younger age, unplanned, involve alcohol or drugs and no prior romantic relationship with partner. These contextual factors helped to account for lower autonomy reported for first same-sex genital contact, compared to first heterosexual intercourse. Boys and teenagers with exclusively same-sex partners were more likely than girls and teenagers with opposite-sex partners to report worse feelings after sex. Heterosexual risk was greater among teenagers who had partners of both sexes than among teenagers with exclusively opposite-sex partners. To some extent, this difference was mediated by attitudinal factors including poorer condom attitudes, as well the context of sexual behaviour.