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 bar 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.

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 15/14 and 15/16 years to pupils in two school-based RCTs of sex education programmes in Scotland (SHARE England and 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 bisexaul behaviour. Additional information was collected on circumstances of, and feelings after, first heterosexual and same-sex genital contact. First same-sex genital contact was more likely to occur 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.