magnitudes. There were inverse associations between adult depression/anxiety with sports/recreational activity (−0.06) and activity at work (−0.07). Lower educational level was associated with a higher level of activity at work (0.31) and a lower level of sports/recreational activity (−0.12).

Conclusions We found that the effect of childhood socio-economic adversity on adult physical activity was entirely mediated by educational attainment. The association between adolescent depression/anxiety and activity was entirely mediated by current mental health problems. These results highlight the importance of education in reducing the adverse effect of childhood socio-economic conditions on adult physical activity. Furthermore, addressing current mental health status should be seen as a priority for policies aimed at physical activity in adulthood.

PHYSICAL ACTIVITY ACROSS ADULTHOOD AND PHYSICAL CAPABILITY IN MID-LIFE: FINDINGS FROM A BRITISH BIRTH COHORT STUDY

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Background Maintaining high levels of physical capability with age is important given that low levels are associated with increased risk of losing independence, health problems and mortality. Studies of older people provide evidence to suggest that physical activity may be beneficial for the maintenance of physical capability however it is unclear whether the effects of physical activity accumulate over the life course.

Objectives To test the associations between physical activity levels, assessed by self-report of participation in sports and recreational activities prospectively at three ages across adulthood (36, 43 and 53 years), and objective measures of physical capability at age 53 year; to examine whether any associations found are independent of physical activity levels at other ages and other potential confounders.

Design Prospective cohort study.

Setting England, Scotland and Wales.

Participants Approximately 2400 men and women from the MRC National Survey of Health and Development, followed up since birth in March 1946.

Main outcome measures Grip strength, standing balance and chair rise time assessed by nurses during home visits at age 53 year.

Results Physical activity levels at all three ages in adulthood were positively associated with chair rise and standing balance performance. These associations were maintained after adjustment for sex, height, weight and socio-economic position with those people who were categorised as being most active performing better in these two tests than people reporting no activity. In models which included physical activity at all three ages simultaneously, there was evidence of independent positive effects of participation in sports and recreational activities at all three ages on chair rise performance and at ages 43 and 53 years on standing balance performance. Differences in mean chair rise time (1/time(s) × 100) between the most active and least active groups were: (at age 53 year: 0.50 (95% CI 0.14 to 0.46); at ages 56 and 43 year: 0.36 (0.13, 0.54) after adjustment for activity levels at the other two ages and covariates.

There was no evidence of associations between physical activity levels at any age and grip strength in women and in men only physical activity at age 53 year was associated with grip strength.

Conclusions Evidence of independent effects of physical activity at different ages across adulthood on chair rise and standing balance performance in mid-life suggests that there are cumulative benefits of physical activity across adulthood for physical capability in mid-life. Increased activity should therefore be promoted earlier in life.

UNDERSTANDING SOCIAL AND CULTURAL INFLUENCES ON THE RELATIONSHIPS AND SEXUAL EXPERIENCES OF YOUNG BRITISH PAKISTANIS IN LONDON: IS THERE UNMET SEXUAL HEALTH NEED?

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Background and aim Health services should take account of cultural and faith diversity. Pakistanis are the UK’s second largest ethnic group and one of the largest Muslim communities. However, relative to other ethnic minority groups, there is a paucity of sexual health research among this group. Using community-based qualitative research we explored the social and cultural influences on sexual attitudes and experiences of young Pakistanis in East London to determine whether there is unmet sexual health need and implications for service development.

Design Between June and September 2008, 30 in-depth one-to-one interviews (60–90 min) were conducted with young Pakistanis.
The secrecy within which young Pakistanis have relation
knowledge and would not know where to access help. Mutual touching and/or oral sex. Few had good sexual health. Sexually active, some of the other young people had experienced ethnic backgrounds. Condom use was inconsistent. Though not boys (18+) were sexually active with partners from a range of relationships and the pressures and gender roles they negotiate mean marriage. However, many described partners as “gender differences in perceptions and types of relationships and are described as ‘conflicting pressures’, “double worlds’, and “multiple realities’, which young people negotiate and move between, balancing different value systems. There were striking gender differences in perceptions and types of relationships and intimacy. For young women the ideal was a relationship for marriage. However, many described partners as “bad boys” and “gangster types” and some relationships were considered pressurised and “unhealthy”. The young men made distinctions between girls deemed “wifey material” and those for casual relationships. Older boys (18+) were sexually active with partners from a range of ethnic backgrounds. Condom use was inconsistent. Though not sexually active, some of the other young people had experienced mutual touching and/or oral sex. Few had good sexual health knowledge and would not know where to access help.

Conclusions The secrecy within which young Pakistanis have relationships and the pressures and gender roles they negotiate mean that many may not receive the support they need. This has implications for the delivery of appropriate preventative and curative sexual health services.

Results A clear socio-economic gradient was evident in respect of registration status. Adolescents whose HRP was long term unemployed or never worked were registered for 6 months (from a maximum of 54) less and consumed 8.3% less expenditure than those whose HRP was professional. While those from lower social backgrounds consumed 24.4% less expenditure on orthodontic services, with respect to extractions and conservative treatment, adolescents whose HRP was long term unemployed or never worked consumed 35.6% and 25.8%, respectively, more expenditure than those whose HRP was professional, other variables controlled for.

Conclusions A publicly funded demand led service can produce a pattern of service provision that disproportionately reflects the preferences of the affluent at the expense of the needs of the less affluent. This might be masked by analysis of data at an aggregate level. The pattern of service provision that results may from a societal perspective be neither efficient (cost effective) nor equitable. The disaggregated analysis of registration and utilisation patterns in this study highlights the potential for such distortion where public funds support demand led provision by for profit providers.

Background A socio-economic gradient in use of health care has been observed in a number of situations. These have been used to assess the performance of systems as well as frame discussion on system design. Examination of patterns at an aggregate level may mask important differences between types of care that could lead to different policy advice.

Aims To identify whether differences in registration and use related to socio-demographic characteristics exist in respect of publicly funded oral health care in Northern Ireland and if so to identify the nature of differences in care.

Methods NHS reimbursement data were linked to census and vital statistics data within the Northern Ireland Longitudinal Study. Data cover 22% of the population in Northern Ireland and in this study cover a period from 2003 to 2008. Data for individuals aged 11 or 12 in April 2003 that include registration status, reimbursement on a per item basis, gender, community background, siblings and also the social class and education of household reference person (HRP) were extracted. A series of multivariate analyses were used to examine the relationship between registration and use of care as a function of socio-demographic characteristics.

Results A clear socio-economic gradient was evident in respect of registration status. Adolescents whose HRP was long term unemployed or never worked were registered for 6 months (from a maximum of 54) less and consumed 8.3% less expenditure than those whose HRP was professional. While those from lower social backgrounds consumed 24.4% less expenditure on orthodontic services, with respect to extractions and conservative treatment, adolescents whose HRP was long term unemployed or never worked consumed 35.6% and 25.8%, respectively, more expenditure than those whose HRP was professional, other variables controlled for.

Conclusions A publicly funded demand led service can produce a pattern of service provision that disproportionately reflects the preferences of the affluent at the expense of the needs of the less affluent. This might be masked by analysis of data at an aggregate level. The pattern of service provision that results may from a societal perspective be neither efficient (cost effective) nor equitable. The disaggregated analysis of registration and utilisation patterns in this study highlights the potential for such distortion where public funds support demand led provision by for profit providers.