the past 3 decades. We investigated if Japanese geographic and socioeconomic disparities in life expectancy at birth (LE) have widened in this period.

Methods We used data on the LE of municipalities calculated every 5 years between 1985 and 2005. The municipality is the smallest administrative unit, for which LE data are available. Sample sizes varied from 1963 to 3354 across years due to nationwide municipality mergers undertaken after 2000. We also gathered information on the unemployment rates and other socio-demographic characteristics of municipalities. We used the relative index of inequality (RII) of LE (which corresponds closely to the relative LE gap between the top vs bottom municipalities in terms of LE or socioeconomic status, accounting for the variations in population size across all municipalities).

Results Among men, in 1985, the LE gap was 4.2% when municipalities were ranked by LE and 1.6% when ranked by the unemployment rate (as ordered from the lowest to the highest). Among women, these gaps were 2.6% and 0.4%, respectively. These values changed only slightly over time, showing a tendency for a slight increase among men after 2000 and a decrease in women after 1995.

Conclusion In Japan, during the period 1985–2005 geographic and socioeconomic disparities in municipal LE were larger in men than women. However, the LE disparity has been relatively small and stable despite the increase in income inequality since the 1990s.

P1-459 A WITHIN-HOST NETWORK OF HUMAN COINFECTION

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Infections, as well as improve infectious disease interventions. The use of networks and other research tools to understand parasite interactions within coinfected hosts will help predict the potential for and consequences of disease.

P1-460 MOTHER MIGRATION AND IMMUNISATION STATUS OF CHILDREN ACROSS DIVERSE SETTINGS IN INDIA

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Introduction The geographical, cultural and socio-economic diversity of India implies that coverage of immunisation programmes and uptake varies between rural and urban areas, among different geographical regions and states. It has been seen that mother’s migration is an important determinant of child immunisation uptake. This study examines the individual and community level explanatory factors associated with child immunisation differentials between migrant and non-migrant mothers groups in two states that is, Uttar Pradesh (UP) and Kerala of India. These two Indian states one in South (Kerala, where immunisation coverage is about 80%) and another in North (UP- immunisation coverage is below 50%) have different socio-economic, demographic and cultural characteristics.

Methods The data from the National Family Health Survey (NFHS-3) has been used in this study. The study is limited to children born during the 59 months before the interview. Multiple logistic regression analyses have been carried out to assess the relative contribution of independent variables on immunisation status.

Results The results indicate that Individual and community level variables are strongly associated with the likelihood of receiving full immunisation among migrant groups. The likelihood of full immunisation was higher for children of urban non-migrant mothers compared to children of rural-urban migrant mothers in UP while in Kerala, the vice-versa is true.

Conclusion Even after the enormous efforts by the government to popularise childhood immunisation, the lack of awareness among the parents, especially the mothers, remained a dominant reason for not vaccinating the child.