population estimates and mortality data contemporaneous with the linked survey data.

**Results** There were 201 (6.4%) male deaths and 215 (5.4%) female deaths in the 2003 SHeS by the end of 2008. Among men, all-cause mortality was markedly lower in the SHeS sample (918 per 100,000 person-years [95% CI: 850–987]) than in the Scottish population (1361 [95% CI: 1357–1365]). Figures for women were also highly significantly different (739 [95% CI: 682–795] for the SHeS and 928 [95% CI: 925–931] for the Scottish population). Alcohol-related mortality was lower in the SHeS sample (36 [95% CI:18–57] in men and 11 [95% CI:0–22] in women) relative to the Scottish population (57 [95% CI:56–58] in men [non-significant] and 25 [95% CI:24–25] in women [significant]).

**Conclusion** Respondents to the 2003 SHeS differ from the population they are intended to represent, with much lower than expected all-cause mortality in both sexes; alcohol-related mortality rates were somewhat lower than expected suggesting lower alcohol consumption among survey respondents which, if genuine, would lead to inherent underestimation of population consumption levels. Importantly, differences existed despite the application of conventional weighting and age-standardisation methods. Consideration should be given to the levels of resource allocated for increasing survey response and the further development of survey methodology to address the resultant systematic bias in health survey data arising from non-response.

**OP74** MEASURING SEXUAL BEHAVIOUR COMES OF AGE: A COMPARISON OF OUTCOMES IN THE 2010 HEALTH SURVEY FOR ENGLAND WITH THE NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES

doi:10.1136/jech-2012-201753.074


**Background** The Health Survey for England (HSE) is a general health survey administered annually to a probability sample of people living in England. In 2010, the HSE included, for the first time, questions about sexual health, which previously were considered too sensitive for a general health survey. This paper compares the reporting of sexual behaviours by people aged 16–44 in HSE–2010 with data collected by the second British National Survey of Sexual Attitudes and Lifestyles (Natsal–2), Britain’s most recent, dedicated national probability survey of sexual behaviour.

**Methods** In HSE–2010, 8,420 people aged 16–69 were interviewed, of whom 2,911 were aged 16–44. Natsal–2 interviewed 12,110 people aged 16–44 in 1999/2001. HSE–2010 used pen-and-paper self-completion questionnaires for the sexual health questions, while Natsal–2 used computer-assisted personal-interviews including computer-assisted self-interview for the more sensitive questions, therefore allowing derivation of family affluence were included in 2010; all other data were obtained in 2011. Scottish Index of Multiple Deprivation (SIMD) was derived via postcodes. Pupils rated subjective SES via the MacArthur Scale of Youth Subjective Social Status, a 10-rung ladder with the top representing ‘the best off people in Scotland’. Seven ladders asked them to rate various aspects of their own status, compared to their school year-group. Questionnaires also asked about self-rated health, psychological distress (GHQ–12), smoking and drinking. Analyses suggested three subjective school-based social status dimensions: ‘peer’, ‘scholastic’ and ‘sports’. Objective SES and all social status measures were each collapsed into three categories for inclusion in logistic regression analyses which were conducted on those with full data (N = 1,819) on these measures.

**Results** Correlations between objective SES and all subjective status measures were weak. In preliminary multivariate logistic regression analyses, adjusted for gender and age, family affluence was not associated with health, smoking or drinking and deprivation was not associated with health. However, each subjective school-based status measure was associated with both health and behaviours. For example, odds (95% confidence intervals) of fair/poor self-rated health among those low (vs. high): family affluence 1.1 (0.68–1.81); SIMD 1.23 (0.76–1.76); subjective SES 1.42 (2.07–2.80); subjective ‘peer’ status 1.73 (1.20–2.50); ‘scholastic’ 2.95 (2.01–4.27); ‘sports’ 2.95 (1.48–6.38). Odds of ever smoking among those low (vs. high); family affluence 1.43 (0.85–2.21); SIMD 2.40 (1.67–3.13); subjective SES 1.20 (0.84–1.71); ‘peer’ 0.30 (0.21–0.42); ‘scholastic’ 11.80 (8.05–17.29); ‘sports’ 2.00 (1.41–2.84).

**Conclusion** Subjective school-based social status is more important for adolescent health and substance use than either objective or subjective SES measures.