

# General Lifestyle Survey Overview

**A report on the 2010 General Lifestyle Survey**

Editor: **Steven Dunstan**

**Office for National Statistics**

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# Introduction

This report presents the latest information from the General Lifestyle Survey (GLF) for the 2010 calendar year (January to December). The report covers the main topics of the survey, which are presented as seven chapters: *Smoking; Drinking; Households, families and people; Housing and consumer durables; Marriage and cohabitation; Pensions; and General health*. The chapters provide overviews of each topic area, which are also supported by tabular output. The tabular output is provided in the form of Microsoft Excel tables that can be downloaded by clicking on the table references within the report.

The GLF was previously known as the General Household Survey (GHS), but was renamed in 2008 to coincide with the survey's inclusion in the Integrated Household Survey [www.ons.gov.uk/ons/search/index.html?newquery=integrated+household+survey](http://www.ons.gov.uk/ons/search/index.html?newquery=integrated+household+survey)

## Survey background

The GLF is a multi-purpose continuous survey carried out by the Office for National Statistics (ONS). The survey presents a picture of families and people living in private households in Great Britain. This information is used by government departments and other organisations, such as educational establishments, businesses and charities, to contribute to policy decisions and for planning and monitoring purposes. Further information about the use of the survey is provided within the topic chapters.

The survey interview consists of questions relating to the household, answered by a household reference person or their spouse, and an individual questionnaire, asked of all resident adults aged 16 and over. Demographic and health information is also collected about children in the household. The GLF collects data on a wide range of core topics which are included on the survey every year. These are:

- demographic information about households, families and people
- housing tenure and household accommodation
- access to and ownership of consumer durables, including vehicles
- employment
- education
- health and use of health services
- smoking
- drinking
- family information, including marriage, cohabitation and fertility
- income

- pensions

The 2010 GLF was sponsored by ONS, the NHS Information Centre for Health and Social Care, the Department for Work and Pensions, HM Revenue & Customs and Scottish Government.

### **Historical changes**

The survey started as the GHS in 1971 and has been carried out continuously since then, except for breaks to review it in 1997/1998 and to redevelop it in 1999/2000.

From 1994/95 to 2004/05 the GHS was conducted on a financial year basis, with fieldwork spread evenly across the year April to March. However, in 2005 the survey period reverted to a calendar year and the whole of the annual sample (which was increased to 16,560), was dealt with in the nine months April to December 2005. From January 2006, the survey runs from January to December each year.

Since the 2005 survey did not cover the January to March quarter, this affected annual estimates for topics which are subject to seasonal variation. To rectify this, where the questions were the same in 2005 as in 2004/05, the final quarter of the 2004/05 survey was added (weighted in the correct proportion) to the nine months of the 2005 survey.

Another change in 2005 was that, in line with European requirements, GHS adopted a longitudinal sample design in which people remain in the sample for four years (waves) with one quarter of the sample being replaced each year. Thus approximately three quarters of the 2005 sample were re-interviewed in 2006. More details are given in the [GLF Technical Appendix B](#).

## The 2010 survey

In 2010, 7,960 households in Great Britain took part in the GLF and around 15,000 interviews were conducted with adults aged 16 and older. The household response rate was 72 per cent. Further details about the sample design and response are given in [Technical Appendix B](#).

A glossary of definitions and terms used throughout the report and notes on how these have changed over time is provided in [Technical Appendix A](#).

The survey results have been adjusted to account for non-response to the survey and to control for differences between the sample and population. Details of the weighting process are given in [Technical Appendix D](#).

The GLF is a survey of a sample of the population and is therefore subject to sampling error, where the estimates inferred from the sample are not the same as if a census of the population was taken. A measure of this error is provided by the standard error estimates, which are published against certain statistics in [Technical Appendix C](#).

The questionnaire that was used to collect the 2010 survey data is given in [Technical Appendix E](#) and a list of the main topics covered by the survey since it began in 1971 is provided in [Technical Appendix F](#).

## Related links

Data from the GLF and GHS are combined with other data sources to present a comprehensive picture of households, families and people living in Great Britain. The analyses of these data sources are presented in a number of ONS publications including: [Social Trends](#), [Population Trends](#), [Health Statistics Quarterly](#) and [Pension Trends](#). The topic chapters within this report provide further information about these publications.

*Social Trends*: [www.ons.gov.uk/ons/about-ons/our-statistics/publications/pension-trends/index.html](http://www.ons.gov.uk/ons/about-ons/our-statistics/publications/pension-trends/index.html)

*Population Trends*: [www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-27989](http://www.ons.gov.uk/ons/publications/all-releases.html?definition=tcm%3A77-27989)

*Health Statistics Quarterly*:  
[www.ons.gov.uk/ons/search/index.html?newquery=health+statistics+quarterly](http://www.ons.gov.uk/ons/search/index.html?newquery=health+statistics+quarterly)

*Pension Trends*: [www.ons.gov.uk/ons/search/index.html?newquery=pension+trends](http://www.ons.gov.uk/ons/search/index.html?newquery=pension+trends)

GHS and GLF data are widely used by universities and other research organisations. The release of the survey micro datasets for research and statistical purposes is controlled by the UK Data Archive and is supported by the Economic and Social Data Service (ESDS). The ESDS produce a report on the usage of the GLF, which is based on information from data users. The report can be downloaded from the ESDS website: [www.esds.ac.uk/government/ghs/usage/](http://www.esds.ac.uk/government/ghs/usage/).

The ESDS also organises an annual GLF user meeting, which is jointly chaired by ONS and the ESDS. The meeting provides a forum for data users and producers to meet and discuss new developments, exchange information about the GHS/GLF and talk about how the data are used. The 2011 meeting took place at the Royal Statistical Society, London and the agenda and papers for the meeting are available via the ESDS website: [www.ccsr.ac.uk/esds/events/2011-03-23/](http://www.ccsr.ac.uk/esds/events/2011-03-23/).

The GLF results are for private households in Great Britain; however, a similar survey called the Continuous Household Survey (CHS) is carried out in Northern Ireland. The survey is designed, conducted and analysed by the Central Survey Unit of the Northern Ireland Statistics and Research Agency (NISRA): [www.csu.nisra.gov.uk/survey.asp29.htm](http://www.csu.nisra.gov.uk/survey.asp29.htm)

## **Additional tabulations**

This report gives a broad overview of the results of the survey, including tabular output. However, many users of GLF data have very specific data requirements that may not appear in the desired form in this report. The ONS can provide more detailed analysis of the tables in this report, and can also provide additional tabulations to meet specific requests. A charge will be made to cover the cost of providing additional information.

Anonymised microdata from the GHS/GLF surveys are available from the United Kingdom Data Archive. Details on access arrangements and associated costs can be found at [www.data-archive.ac.uk](http://www.data-archive.ac.uk) or by telephoning 01206 872143.

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# Overview

The overview provides a summary of some of the key findings from the General Household Survey (GHS) and the General Lifestyle Survey (GLF). The overview comprises the following chapter topics:

- Smoking
- Drinking
- Households, families and people
- Housing and consumer durables
- Marriage and cohabitation
- Pensions
- General health

All of the tables referred to in the topic chapters can be downloaded by clicking on the table references within the report.

# Chapter 1: Smoking

# Smoking

The General Household Survey (GHS) and General Lifestyle Survey (GLF) have been monitoring smoking prevalence for over 35 years. The 2010 survey included questions on cigarette consumption, type of cigarette smoked, how old respondents were when they started smoking, and dependence on cigarettes.

## How the data are used and their importance

Smoking is the leading cause of preventable illness and premature death in Great Britain<sup>1</sup>; therefore reducing its prevalence has been a key objective of Government policy on improving health. There have been a number of policy initiatives (including new legislation) aimed at reducing the prevalence of cigarette smoking, which are outlined below. Such initiatives have been informed by GHS/GLF statistics on smoking.

In December 1998 [Smoking Kills – a White Paper on tobacco](#)<sup>2</sup> was released, which included targets for reducing the prevalence of cigarette smoking among adults in England to 24 per cent by 2010. In 2004 the Department of Health (DH) agreed a Public Service Agreement (PSA) which revised the target downwards: to reduce the prevalence of cigarette smoking among adults in England to 21 per cent or less by 2010<sup>3</sup>. In 2010 the white paper [Healthy Lives, Healthy People](#)<sup>1</sup> set out the Government's long term policy for improving public health and in 2011 a new [Tobacco Control Plan](#)<sup>4</sup> was published. The plan sets out national ambitions to reduce smoking prevalence in England. For Scotland, the 2008 Smoking Prevention Plan: *Scotland's Future is Smoke-free* also detailed a programme of measures designed specifically to encourage children and young people not to smoke.

The GHS/GLF time-series statistics are used to understand the impact that legislative changes have had on smoking. Legislation came into force in February 2003 banning cigarette advertising on billboards and in the press and magazines in the UK, and further restrictions on advertising at the point of sale were introduced in December 2004. Legislation prohibiting smoking in enclosed work and public places came into force in Scotland during the spring of 2006 with similar legislation introduced in England and Wales in 2007. On 1 October 2007 it became illegal in Great Britain to sell tobacco products to anyone under the age of 18.

As outlined above, the GHS/GLF smoking estimates are mainly used to inform Government policy with respect to health; however, there are some other important uses. For example, Her Majesty's Revenue and Customs (HMRC) uses GLF data for its estimates of the illicit tobacco market. These estimates are used to calculate the overall indirect tax gap to inform HMRC's contribution to the Treasury's fiscal policy decisions. HMRC also use GLF data for developing and measuring its tobacco fraud strategy.

## The results

This chapter presents data on the prevalence of cigarette smoking in Great Britain in 2010, as well as information on trends in smoking over time.

### The reliability of smoking estimates

It is likely that the survey underestimates cigarette consumption and, perhaps to a lesser extent, prevalence (the proportion of people who smoke). For example, evidence suggests (Kozlowski, 1986<sup>5</sup>) that when respondents are asked how many cigarettes they smoke each day, there is a tendency to round the figure down to the nearest multiple of 10. Underestimates of consumption are likely to occur in all age groups. Under-reporting of prevalence, however, is most likely to occur among young people. To protect their privacy, particularly when they are being interviewed in their parents' home, young people aged 16 and 17 complete the smoking and drinking sections of the questionnaire themselves, so that neither the questions nor their responses are heard by anyone else who may be present<sup>6</sup>.

### The prevalence of cigarette smoking

Respondents to the GHS aged 16 and over were asked questions about smoking behaviour in alternate years from 1974 to 1998. Following the review of the GHS carried out in 1997, the smoking questions became part of the continuous survey and have been included every year from 2000 onwards. Note however, that in order to keep the tables in this report to a manageable size they only show data from each fourth year from 1974 to 1998.

### Trends in the prevalence of cigarette smoking

The prevalence of cigarette smoking has fallen over the last four decades. In 1974, 45 per cent of the adult population of Great Britain were cigarette smokers compared with 20 per cent of adults in 2010.

The difference in smoking prevalence between men and women has decreased considerably since the 1970s. In 1974, 51 per cent of men smoked cigarettes compared with 41 per cent of women, whereas in 2010 there was no significant difference between smoking prevalence among men and among women (21 per cent of men compared with 20 per cent of women).

Over the last 30 years there have been falls in the prevalence of smoking in all age groups. Since the survey began, the GHS/GLF has shown considerable fluctuation in smoking prevalence among those aged 16 to 19, particularly if young men and young women are considered separately. However, this is mainly because of the relatively small sample size in this age group and occurs

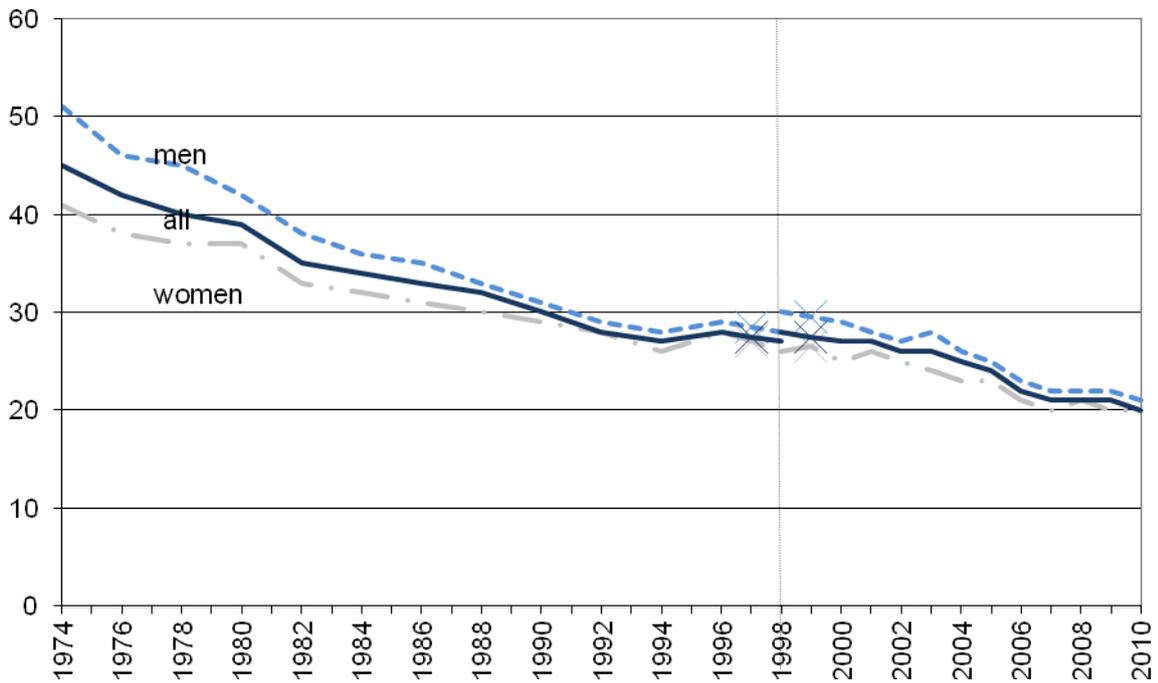
within a pattern of overall decline in smoking prevalence in this age group from 31 per cent in 1998 to 19 per cent in 2010.

[Table 1.1](#), **Figure 1.1**

**Figure 1.1 Prevalence of cigarette smoking by sex, 1974 to 2010<sup>1,2</sup>**

**Great Britain**

Percentage of adults smoking



1 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.  
 2 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

Source: *General Lifestyle Survey, Office for National Statistics*

## Cigarette smoking and marital status

In 2010 the prevalence of cigarette smoking varied according to marital status. Smoking prevalence was lower among married people (14 per cent) than among those who were single (25 per cent); cohabiting (35 per cent); widowed, divorced or separated (23 per cent). This is not explained by the association between age and marital status, as in every age group, married people were less likely to be smokers than other respondents.

[Table 1.4](#)

## Cigarette smoking, socio-economic classification and economic activity

The socio-economic status of the household reference person (HRP) is also a factor by which cigarette smoking varies. The socio-economic classification (NS-SEC) used in this report is based on information about people's occupation and employment status (please see *Appendix A, Definitions and terms* for further information). In 2010 smoking prevalence was highest in households where the HRP was in the routine occupation category (31 per cent) and lowest in households where the HRP was in the higher professional occupation category (9 per cent).

[Table 1.5](#)

Estimates comparing adults in employment with those who are unemployed and those who are economically inactive are shown in Table 1.22. Smoking prevalence among unemployed adults was 29 per cent compared with 19 per cent of adults who were economically inactive and 21 per cent of adults who were employed. The low figure among the economically inactive is due to the high proportion of this group who are aged 60 or over. Among those aged less than 60 in this group, smoking prevalence was higher than it was among those in employment.

[Tables 1.22](#)

## Variation in cigarette smoking between countries and regions

Smoking was more common in Wales and in Scotland in 2010 than it was in England; prevalence in England was 20 per cent; in Wales prevalence was 25 per cent and in Scotland it was also 25 per cent. Smoking also varied by region of England. For example, smoking prevalence was significantly higher in Yorkshire and the Humber (23 per cent) and the North West (22 per cent) than it was in the East Midlands, London and the South West (16 per cent, 17 per cent and 17 per cent respectively).

[Table 1.6](#)

## Cigarette consumption

The overall fall in smoking prevalence in Great Britain since the mid 1970s has been due to a fall in the proportions of both light to moderate smokers (defined as fewer than 20 cigarettes per day) and heavy smokers (20 cigarettes or more per day). The proportion of adults smoking heavily fell between 1974 and 2010, from 26 per cent to 7 per cent among men and from 13 per cent to 5 per cent among women. Over the same period the proportion of light to moderate smokers fell from 25 per cent to 14 per cent for men and from 28 per cent to 15 per cent for women.

[Table 1.7](#)

In all age groups in 2010, respondents were much more likely to be light to moderate than heavy smokers, the difference was most pronounced among those aged under 35. For example, 23 per cent of men and 21 per cent of women aged 25 to 34 were light to moderate smokers in 2010 and only 5 per cent and 4 per cent respectively were heavy smokers.

[Table 1.8](#)

The overall average number of cigarettes smoked by men and women has changed little since the early 1980s. In 2010, as in previous years, male smokers consumed more cigarettes a day on average than female smokers: 14 cigarettes per day, compared with 12 for women. Among both men and women smokers, cigarette consumption varied by age. The highest average was 17 cigarettes per day among men in the 50 to 59 age group.

[Table 1.9](#)

In 2010 smokers in households where the HRP was in a routine or manual occupation smoked an average of 14 cigarettes per day compared with 11 per day for households where the HRP was in the managerial or professional occupation.

[Table 1.10](#)

## Cigarette type

Cigarette smokers were asked whether they mainly smoked filter-tipped, plain or hand-rolled cigarettes. Filter cigarettes continue to be the most widely smoked type of cigarette, especially among women (77 per cent of women and 60 per cent of men smokers smoked filter-tipped cigarettes). There has been a marked increase since the early 1990s in the proportion of smokers who smoke mainly hand-rolled cigarettes. In 1990, 18 per cent of men smokers and 2 per cent of women smokers smoked hand-rolled cigarettes. In 2010, 39 per cent of men and 23 per cent of women smokers said they smoked mainly hand-rolled cigarettes, the highest levels recorded on the GHS/GLF.

It should be noted that this increase in the proportion of smokers smoking mainly hand-rolled tobacco coincides with a fall in the prevalence of cigarette smoking from 30 per cent in 1990 to 20

per cent in 2010. Therefore, the proportion of all adults who smoke hand-rolled tobacco has not increased quite so sharply: it rose from about 3 per cent to about 6 per cent over this period (no table shown).

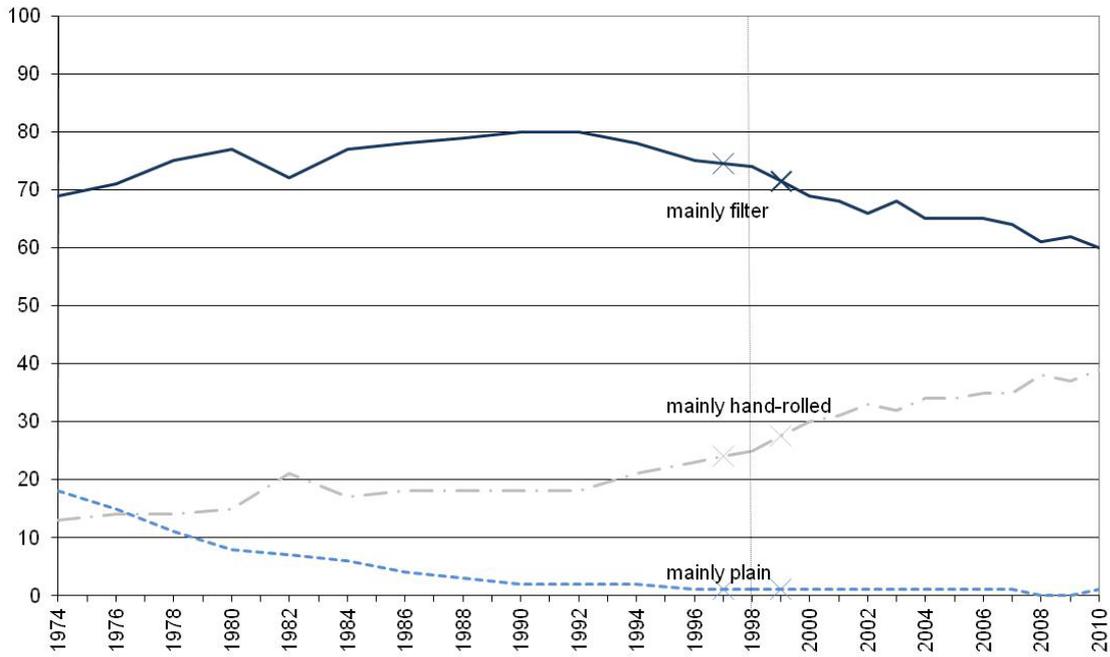
[Tables 1.11 and 1.12](#), **Figure 1.2**

Figure 1.2 Type of cigarette smoked by sex, 1974 to 2010<sup>1,2</sup>

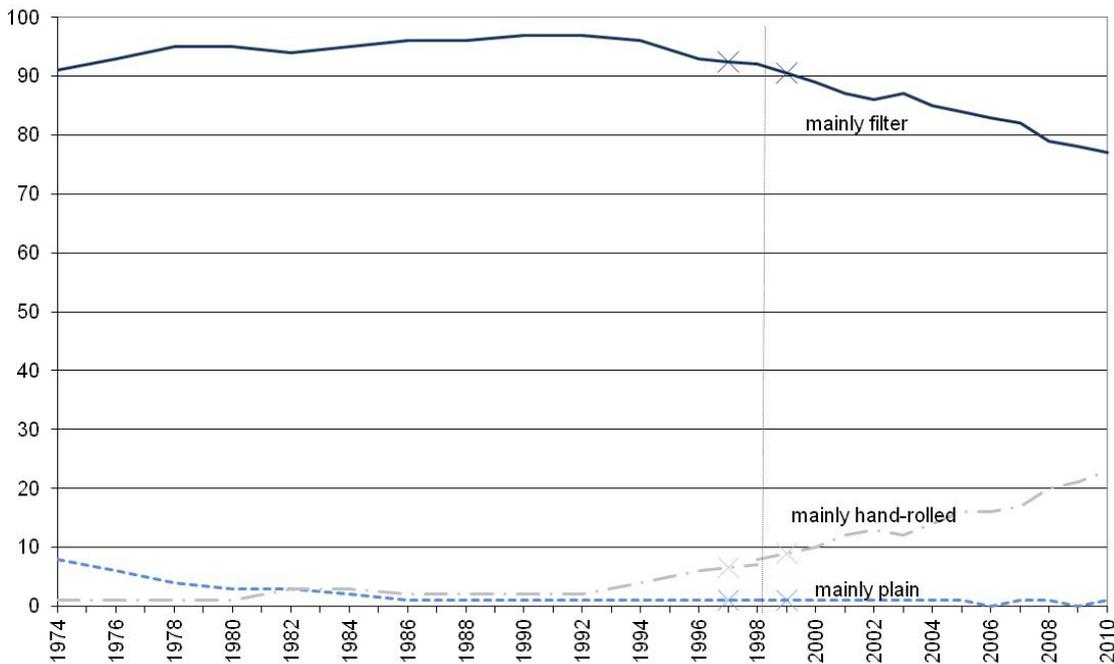
Great Britain

Percentage of adults smoking  
cigarettes

(a) Men



(b) Women



1 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.

2 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

Source: General Lifestyle Survey, Office for National Statistics

## Age started smoking

The White Paper *Smoking Kills*<sup>2</sup> noted that people who start smoking at an early age are more likely than other smokers to smoke for a long period of time and more likely to die from a smoking-related disease. Two-thirds (66 per cent) of adults who were either current smokers or who had smoked regularly at some time in their lives had started smoking before they were 18 year of age. Almost two-fifths (39 per cent) had started smoking regularly before the age of 16 even though it has been illegal to sell cigarettes to people aged under 16 since 1908 and has recently become illegal to sell cigarettes to people under 18 years of age. Men were more likely than women to have started smoking before they were 16 years of age (41 per cent of men who had ever smoked regularly compared with 38 per cent of women in 2010).

Since the early 1990s there has been an increase in the proportion of women taking up smoking before the age of 16. In 1992, 28 per cent of women who had ever smoked started before they were 16 years of age; in 2010 the corresponding figure was 38 per cent. There has been little change since 1992 in the proportion of men who had ever smoked who had started smoking regularly before the age of 16 at approximately 40 per cent.

[Table 1.13](#)

In 2010, as in previous years, there was an association between age started smoking regularly and the socio-economic classification of the HRP. In managerial and professional households, 32 per cent of smokers started smoking before they were 16 years of age compared with 45 per cent of those in routine and manual households.

[Tables 1.14](#)

Current heavy smokers (20 or more cigarettes a day) were more likely than current light smokers (fewer than 10 cigarettes a day<sup>7</sup>) or ex-smokers to have started smoking at an early age. Among current heavy smoker, 57 per cent started smoking regularly before they were 16 years of age compared with 31 per cent of current light smokers.

[Tables 1.15](#)

## Dependence on cigarette smoking

Since 1992, the GHS/GLF has asked three questions relevant to the likelihood of a smoker giving up. First, whether they would like to stop smoking, and then two indicators of dependence: whether they think they would find it easy or difficult not to smoke for a whole day and how soon after waking they smoke their first cigarette. There has been little change since 1992 in any of the three measures.

In 2010, 64 per cent of smokers said they would like to stop smoking altogether and 58 per cent of smokers felt that it would be either very or fairly difficult to go without smoking for a whole day. Not surprisingly, heavier smokers were more likely to say they would find it difficult; 82 per cent of those smoking 20 or more cigarettes a day did so compared with only 27 per cent of those smoking fewer than 10 cigarettes a day<sup>7</sup>.

[Table 1.16 & 1.17](#)

Smokers in routine and manual households were more likely than those in managerial and professional households to say they would find it difficult to go without smoking for a whole day (63 per cent compared with 51 per cent). However, once amount smoked was taken into account (smokers in the routine and manual group smoke more on average than smokers in other social classes) the pattern of association is less clear.

[Table 1.20](#)

Among adult smokers, 15 per cent had their first cigarette within five minutes of waking up. Heavy smokers were more likely than light smokers to smoke within five minutes of waking up: 32 per cent of those smoking 20 or more cigarettes did so, compared with only 4 per cent of those smoking fewer than 10 a day.

[Table 1.18](#)

Overall, smokers in managerial and professional households were less likely than those in routine and manual households to have had their first cigarette within five minutes of waking than those in routine and manual households (10 per cent compared with 15 per cent).

[Table 1.21](#)

## **Cigarette smoking and pregnancy**

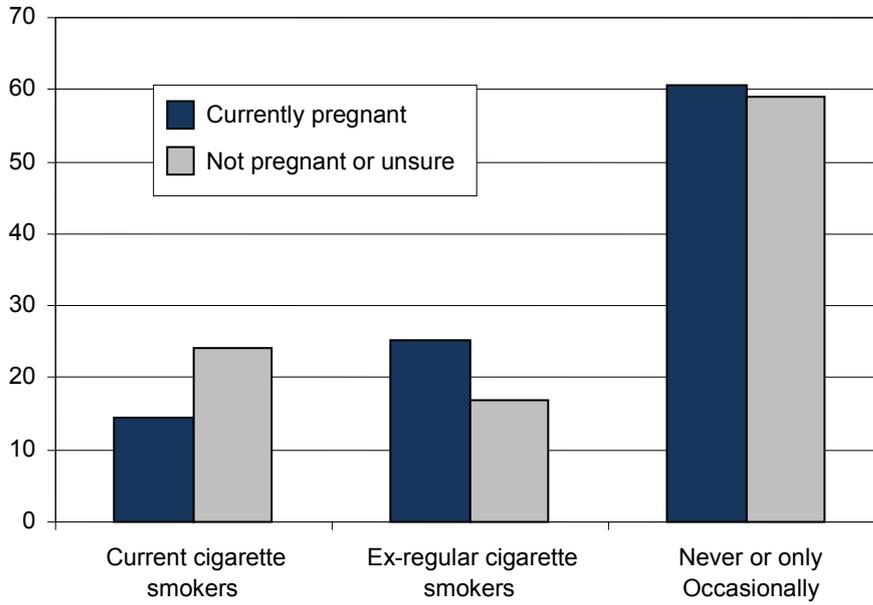
Women aged 16 to 49 were asked whether or not they were pregnant at the time of interview. Pregnant women were less likely to be smokers than women who were not pregnant or unsure if they were pregnant. For example, among women aged 16 to 49, 14 per cent of pregnant women were smokers compared with 24 per cent of women who were not pregnant or unsure if they were pregnant. Among women aged 16 to 49, pregnant women were more likely than women who were not pregnant or unsure if they were pregnant, to be ex-smokers (25 per cent compared with 17 per cent) suggesting that many women give up smoking when pregnant.

[Table 1.23, Figure 1.3](#)

**Figure 1.3 Cigarette smoking status of women aged 16 to 49 by pregnancy status, 2010**

Great Britain

Percentages



Source: General Lifestyle Survey, Office for National Statistics

## Notes and references

- 1 Healthy lives, healthy people: our strategy for public health in England, Department of Health, 2010: available at [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_122347.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122347.pdf)
- 2 Smoking kills – a White Paper on tobacco. The Stationery Office (London 1998) [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006684](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006684)
- 3 Public Service Agreements 2005-2008. Available at [www.hm-treasury.gov.uk/spend\\_sr04\\_psaindex.htm](http://www.hm-treasury.gov.uk/spend_sr04_psaindex.htm)
- 4 Healthy Lives, Healthy People: A Tobacco Control Plan for England, 2011. Available at [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124960.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124960.pdf)
- 5 Kozlowski L T, Pack size, reported smoking rates and public health, American Journal of Public Health, 76 (11) pp1337–8 November 1986.
- 6 See Chapter 4, General Household Survey 1992, HMSO 1994. This includes a discussion of the differences found when smoking prevalence reported by young adults on the GHS was compared with prevalence among secondary school children.
- 7 Tables 1.15 to 1.21 sub-divide the 'light to moderate' (0-19 cigarettes per day) smokers category (as used in Tables 1.7 and 1.8) into a 'light' smokers category (0-9 cigarettes) and a 'moderate' smokers category (10-19 cigarettes).

# Chapter 2: Drinking

# Drinking

The General Household Survey (GHS) and the General Lifestyle Survey (GLF) have, between them, been measuring drinking behaviour for over 30 years. This chapter presents information on recent trends over time in drinking behaviour and detailed data for the 2010 survey year.

## How the data are used and their importance

The Department of Health estimates that the harmful use of alcohol costs the National Health Service around £2.7bn a year<sup>1</sup> and 7 per cent of all hospital admissions are alcohol related. Drinking can lead to over 40 medical conditions, including cancer, stroke, hypertension, liver disease and heart disease. Reducing the harm caused by alcohol is therefore a priority for the Government and the devolved administrations. The GHS/GLF is an important source for monitoring trends in alcohol consumption.

The GHS/GLF drinking data are widely used by universities and health organisations. The School of Health and Related Research (ScHARR) at the University of Sheffield<sup>2</sup> has used GHS/GLF data to carry out alcohol-related public health research. The Public Health Observatories (PHOs) also use GLF data on drinking to produce model-based estimates of alcohol consumption at local authority level to inform local decision making<sup>3</sup>.

The survey is one of the main sources for GB statistics on health determinants and is therefore often used for international comparison. For example, GHS/GLF drinking data were used in the Organisation for Economic Co-operation and Development's (OECD) [Health at a Glance publication](#)<sup>4</sup>. This publication looks at the factors that affect the health of EU populations and the performance of health systems in these countries.

## Measuring alcohol consumption

Obtaining reliable information about drinking behaviour is difficult, and social surveys consistently record lower levels of consumption than would be expected from data on alcohol sales. This is partly because people may consciously or unconsciously underestimate how much alcohol they consume. Drinking at home is particularly likely to be underestimated because the quantities consumed are not measured and are likely to be larger than those dispensed in licensed premises.

There are different methods for obtaining survey information on drinking behaviour. One approach is to ask people to recall all episodes of drinking during a set period<sup>5</sup>. However, this is time-consuming and is not suitable for the GLF, where drinking is only one of a number of subjects covered.

On the 2010 GLF, respondents were asked two sets of questions about their drinking behaviour resulting in the following two measures of alcohol consumption:

- average weekly alcohol consumption;
- maximum amount drunk on any one day in the previous seven days

### **Average weekly alcohol consumption**

Questions to establish average weekly alcohol consumption were included on the GHS from 1986 and on the GLF from 2008. These questions ask respondents about their drinking behaviour in the 12 months before interview. The measure was developed in response to earlier medical guidelines suggesting maximum recommended weekly amounts of alcohol of 21 units for men and 14 units for women. Those guidelines have now been replaced by daily alcohol limits but the average weekly estimates continue to provide a consistent measure of alcohol consumption through which trends can be monitored. Respondents are asked how often over the last year they have drunk normal strength beer; strong beer (6 per cent or greater alcohol by volume (ABV)<sup>6</sup>); wine; spirits; fortified wines and; alcopops, and how much they have usually drunk on any one day. This information is combined to give an estimate of the respondent's weekly alcohol consumption (averaged over a year) in units of alcohol<sup>7</sup>.

### **Maximum daily amount drunk last week**

Following the publication in 1995 of an inter-departmental review of the effects of drinking<sup>8</sup>, the questions on drinking in the week before interview were included in the GHS/GLF from 1998 onwards. The report advised that it was more appropriate to set benchmarks for daily rather than weekly consumption of alcohol, partly because of concern about the health and social risks associated with single episodes of intoxication. The levels of the limits were set after consideration of evidence of associations between alcohol consumption and increased risk of haemorrhagic stroke, hypertension and some types of cancer. The report concluded that regular consumption of between three and four units of alcohol a day for men and two to three units a day for women does not carry a significant health risk, but that consistently drinking above these levels is not advisable because of the progressive health risk it carries.

These questions ask respondents about their drinking behaviour in the 7 days before interview. Specifically, people responding to the GLF are asked on how many days they drank alcohol during the previous week. They are then asked how much of each of six different types of drink (normal strength beer; strong beer; wine; spirits; fortified wines; and alcopops) they drank on their heaviest drinking day during the previous week. These amounts are converted to units of alcohol and summed to give an estimate of the number of units the respondent consumed on their heaviest drinking day.

## Recent changes in methodology

The conversion of volumes of alcoholic drinks to units of alcohol is based on assumptions about the size of a given measure (for example, a glass of wine) and the alcohol content of the type of drink, that is, the percentage ABV. In recent years there have been changes to both of these factors and these have been reflected in revisions to the conversion method. The survey does not ask about the specific ABV of every alcoholic drink consumed but assumes an average for each type of drink. The revised method changed the number of units assumed to be in drinks in the 'normal strength beer, lager and cider' and 'strong beer, lager and cider' categories but the main impact was on drinks in the 'wine' category.

The revised method had a large impact on the estimates of units of alcohol consumed from wine because it changed both the assumed ABV of wine (from 9 to 12 per cent) and the size of a glass of wine. Until 2006 a glass of wine was assumed to be 125 ml. Respondents are now asked whether they have consumed small (125 ml), standard (175 ml) or large (250 ml) glasses of wine. It is now assumed that a small glass contains 1.5 units, a standard glass contains 2 units and a large glass contains 3 units. Discussion of the impact of these changes on the estimates of consumption can be found in the report on the [2009 data](#)<sup>9</sup>.

## The results

The report presents both trends over time and estimates for 2010 on the frequency of drinking alcohol, the amounts consumed in the week before the interview took place and average weekly consumption. Data are also provided on the association between consumption of alcohol and characteristics of individuals such as sex, age, and socio-economic classification.

### Trends in alcohol consumption over time

This chapter discusses trends in alcohol consumption since 2005. The estimates given in the commentary and the associated tabular output are based on the revised methodology for converting volumes consumed into units (as described in the earlier section). Data on trends under the old methodology and estimates prior to 2005 can be found in the 2009 [GLF Smoking and drinking among adults report<sup>9</sup>](#).

### Trends in average weekly alcohol consumption

This section discusses the trend in the data which are based on the questions about drinking behaviour in the 12 months before interview.

Between 2005 and 2010 average weekly alcohol consumption decreased from 14.3 units to 11.5 units per adult. Among men average alcohol consumption decreased from 19.9 units to 15.9 units a week and for women from 9.4 units to 7.6 units a week.

[Table 2.1](#), [Figure 2.1](#)

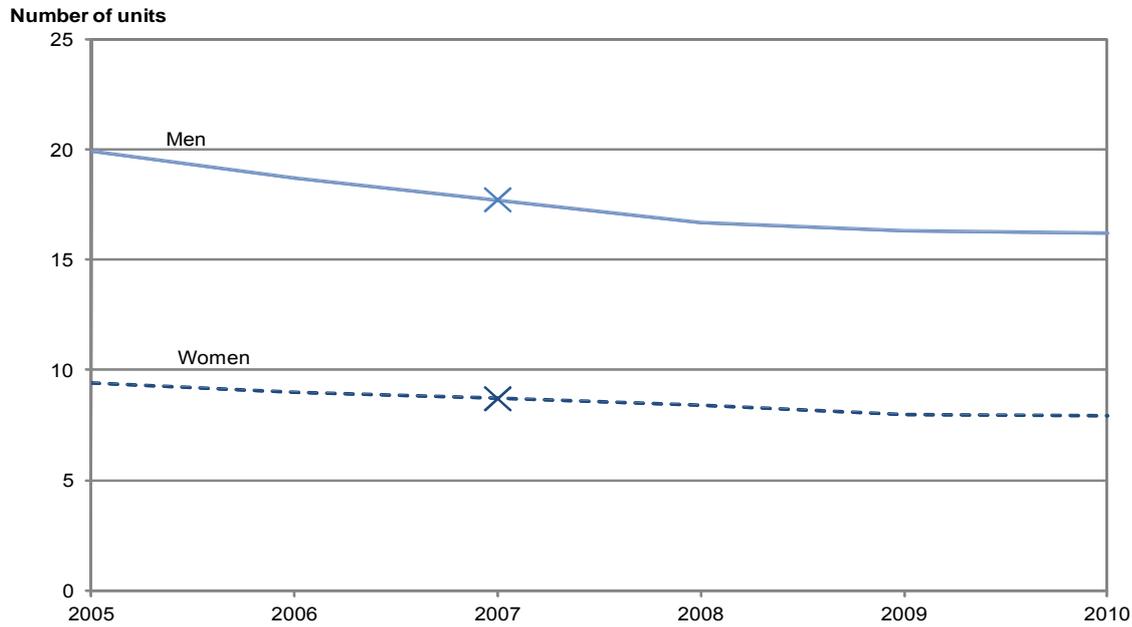
Since 2005 the GHS/GLF has shown a decline in the proportion of men drinking more than 21 units of alcohol a week and in the proportion of women drinking more than 14 units of alcohol a week. The proportion of men drinking more than 21 units a week fell from 31 per cent in 2005 to 26 per cent in 2010 and the proportion of women drinking more than 14 units a week fell from 21 per cent to 17 per cent over the same period. These changes were driven by falls in the younger age groups. Among men, the percentage drinking more than 21 units of alcohol a week decreased in the 16 to 24 age group (from 32 per cent to 21 per cent) and in the 25 to 44 age group (from 34 per cent to 27 per cent). Falls were also present among women; the percentage drinking more than 14 units of alcohol a week fell in the 25 to 44 age group from 25 per cent to 19 per cent.

When using the average weekly consumption measure, heavy drinking is defined as consuming more than 50 units a week for men and consuming more than 35 units a week for women. There have been falls in the proportions of both men and women who drink heavily since 2005. The estimates for men fell from 9 per cent to 6 per cent and for women fell from 5 per cent to 3 per cent from 2005 to 2010.

[Table 2.2](#), [Figure 2.2](#)

**Figure 2.1 Average weekly alcohol units: by sex, 2005 to 2010<sup>1</sup>**

Great Britain

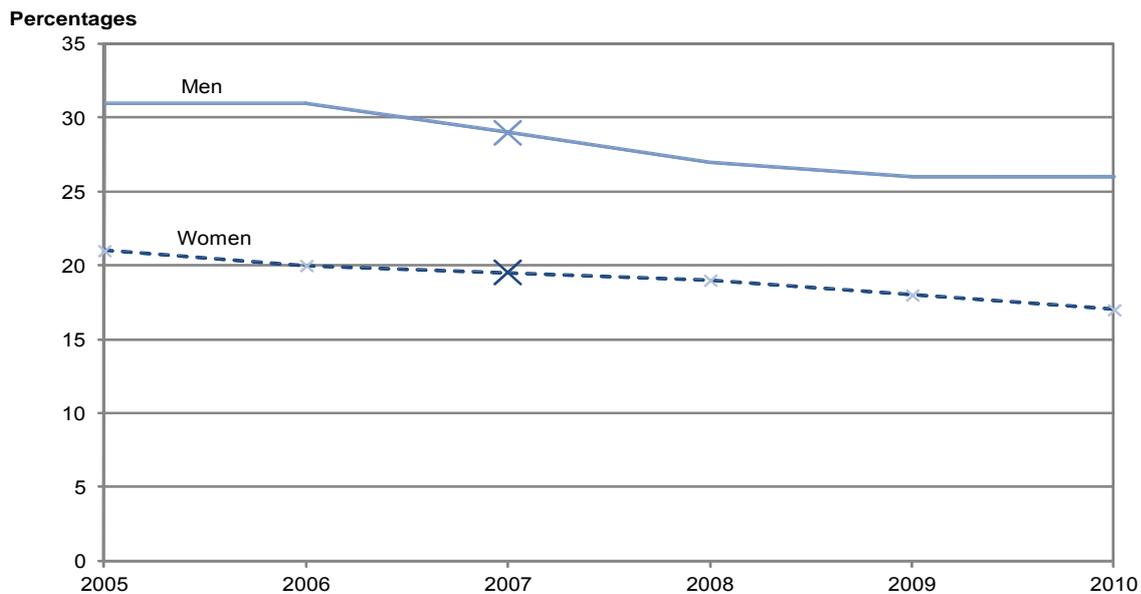


<sup>1</sup> Questions on average weekly alcohol units were not run on the survey in 2007. A linear trend has been drawn between the data point before and after this year.

Source: General Lifestyle Survey, Office for National Statistics

**Figure 2.2 Percentage of men drinking more than 21 units a week, and women drinking more than 14 units a week, 2005 to 2010**

Great Britain



<sup>1</sup> Questions on average weekly alcohol consumption were not run on the survey in 2007. A linear trend has been drawn between the data point before and after this year.

Source: General Lifestyle Survey, Office for National Statistics

## Trends in last week's drinking

This section discusses the trend in the data that are based on the questions about drinking in the 7 days before interview.

The proportion of men who reported drinking alcohol in the seven days before interview fell from 72 per cent in 2005 to 67 per cent in 2010. Similarly, the proportion of women who reported drinking alcohol in the seven days before interview fell from 57 per cent to 53 per cent over the same period. In addition, the proportion of men who reported drinking alcohol on at least five days in the week before interview fell from 22 per cent in 2005 to 17 per cent in 2010. The proportion of women reporting drinking alcohol on at least five days in the week before interview fell from 13 per cent to 10 per cent over the same period.

### [Table 2.3](#)

There is a downward trend in the proportions of men exceeding four units and women exceeding three units on their heaviest drinking day in the week before interview. The proportion of men exceeding four units on their heaviest drinking day was 41 per cent in 2005 and 36 per cent in 2010. The proportion of women exceeding three units was 34 per cent in 2005 and 28 per cent in 2010.

The estimates for heavy drinking follow a similar pattern. When using the heaviest drinking day in the last week measure, heavy drinking is defined as exceeding twice the Government daily benchmarks on a single day: more than 8 units of alcohol on that day for men and consuming more than 6 units on that day for women. The proportion of men drinking more than 8 units on their heaviest drinking day fell from 23 per cent in 2005 to 19 per cent in 2010. The corresponding estimates for women drinking heavily (more than 6 units) were 15 per cent in 2005 and 13 per cent in 2010.

The most pronounced changes have occurred in the 16 to 24 age group. Among men in this age group, the proportion drinking more than 4 units on their heaviest drinking day fell from 46 per cent in 2005 to 34 per cent in 2010 and the proportion drinking more than 8 units decreased from 32 per cent to 24 per cent over the same period. There have also been marked falls for women in this age group with the proportion drinking more than 3 units on their heaviest drinking day falling from 41 per cent in 2005 to 31 per cent in 2010 and the proportion drinking more than 6 units falling from 27 per cent to 17 per cent.

### [Table 2.4](#)

## Average weekly alcohol consumption in 2010

The remainder of this chapter presents the results from the 2010 GLF. This section discusses the estimates which are based on the questions about drinking in the 12 months before interview.

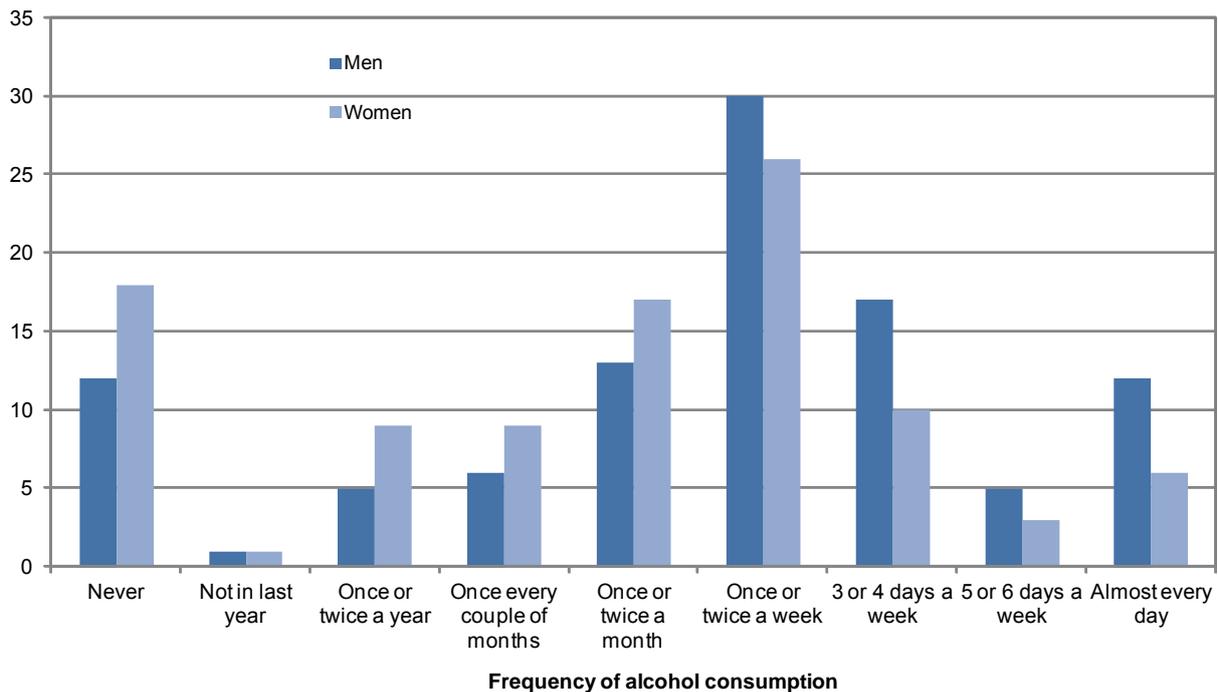
### Frequency of alcohol consumption

In 2010, 54 per cent of adults drank alcohol at least once a week and 26 per cent did so more than twice a week. Men tended to drink more often than women: 16 per cent of men consumed alcohol on 5 or more days a week compared with 10 per cent of women. In addition, 12 per cent of men had an alcoholic drink almost every day compared with 6 per cent of women. Overall, 87 per cent of adults averaged at least 3 alcohol free days a week.

Figure 2.3 Frequency of alcohol consumption, 2010

Great Britain

Percentages



Source: General Lifestyle Survey, Office for National Statistics

Adults tend to drink more often as they get older. For example, over a fifth (22 per cent) of men aged 65 and over, consumed alcohol almost every day compared with just 3 per cent of men in the 16 to 24 age group. Similarly for women, 12 per cent of the 65 and over age group drank alcohol almost every day compared with 1 per cent of the 16 to 24 age group. For men and women combined, 2 per cent of the 16 to 24 age group, 5 per cent of the 25 to 44 age group, 10 per cent

of the 45 to 64 age group and 16 per cent of the 65 and over age group consumed alcohol almost every day in 2010.

[\*Table 2.5b\*](#)

When the age groups were combined it was found that 4 per cent of the 16 to 44 age group and 13 per cent of the 45 and over age group consumed alcohol almost every day.

[\*Table 2.5c\*](#)

## **Awareness of level of alcohol consumption**

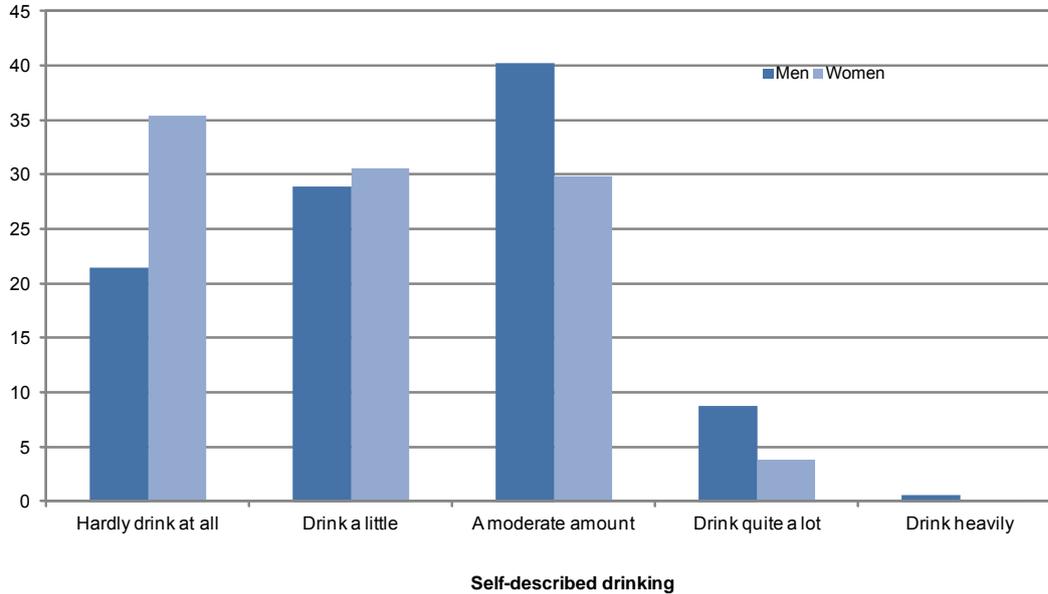
Prior to being asked to provide detailed information about their drinking habits, respondents to the GLF were asked to choose which of the following descriptions best described the amount they drink: “hardly drink at all”, “drink a little”, “drink a moderate amount”, “drink quite a lot”, “drink heavily”. They were then asked the detailed questions about their drinking behaviour. The answers to these questions allowed five groups to be created based on the amount of units consumed. The boundaries of the five groups are different for men and women. For men the groups are: less than 1 unit a week, 1 to 10 units a week, 11 to 21 units a week, 22 to 50 units a week and more than 50 units a week. For women the groups are: less than 1 unit a week, 1 to 7 units a week, 8 to 14 units a week, 15 to 35 units a week and more than 35 units a week. The following paragraph compares the five groups based on the respondents’ self-described drinking level with the five groups based on level of consumption measured in units of alcohol.

Figures 2.5 and 2.6 below show that the sizes of the self-defined “hardly drink at all” and “drink a little” groups are very similar to the sizes of their corresponding groups based on alcohol consumption calculated from the detailed questions. Many more people, however, describe their drinking as “moderate” than drink within the moderate range as described by the consumption estimates. Many people consider drinking in excess of 21 units a week for men or 14 units for women to be moderate. Of those who described their drinking as moderate, 41 per cent were in the 22-50/15-35 group (i.e. were men who drank between 22 and 50 units or were women who drank between 15 and 35 units a week) and 7 per cent drank heavily (over 35 units for women, over 50 units for men). A similar effect can be seen in the “drink quite a lot” group; of those who described themselves as “drink quite a lot”, 41 per cent drank heavily. Very few people described themselves as heavy drinkers.

**Figure 2.4 Self-described drinking levels, 2010**

Great Britain

Percentages

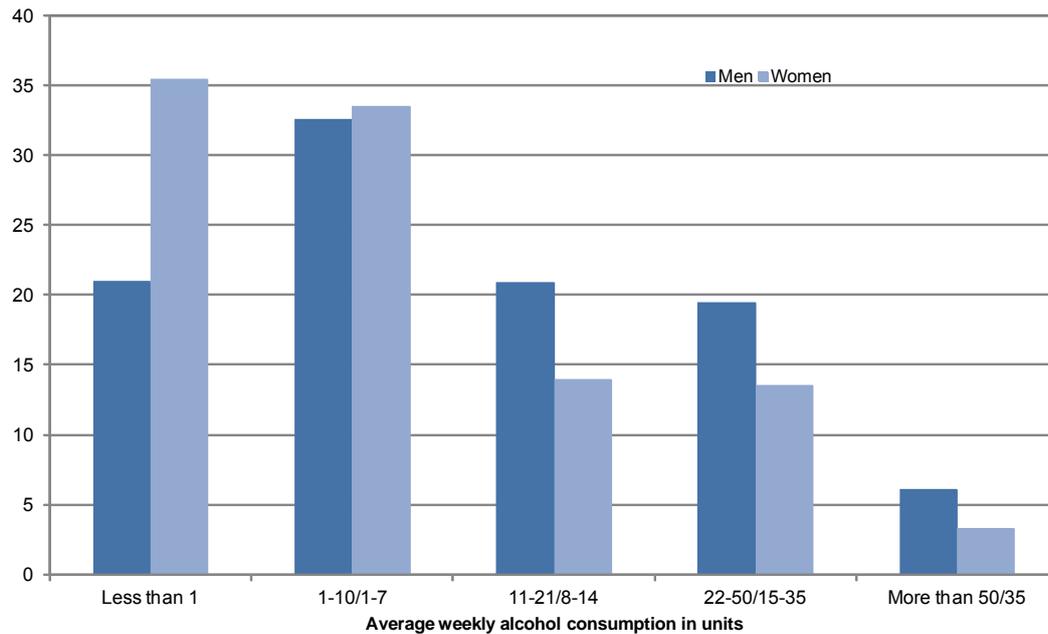


Source: General Lifestyle Survey, Office for National Statistics

**Figure 2.5 Average weekly alcohol consumption, 2010**

Great Britain

Percentages



Source: General Lifestyle Survey, Office for National Statistics

## Weekly alcohol consumption by sex and age

In 2010 average levels of weekly alcohol consumption were about a third lower among adults aged 65 and over than they were in the other age groups. Average consumption was 11.1 units a week in the 16 to 24 age group, 12.2 units in the 25 to 44 age group and 13.1 units in the 45 to 64 age group. Consumption in the 65 and over group was lower than all the other groups at 8.1 units. The average consumption for men was twice that of women (15.9 units compared with 7.6 units). The difference between men and women was particularly large in the 65 and over age group. In this group average consumption for women was 4.6 units per week but for men was nearly three times that at 12.5 units.

[Table 2.5a](#)

## Weekly alcohol consumption and household socio-economic class

A review of information on inequalities in health, undertaken by the Department of Health<sup>10</sup>, noted that both mortality and morbidity show a clear association with socio-economic position, with death rates much higher among unskilled men than among those in professional households (overall, up to 22,000 premature deaths a year are thought to be attributable to alcohol misuse<sup>11</sup>). The socio-economic classification of a household is based upon the current or last job of the household reference person. The classification is based on information about people's occupation and employment status (please see *Appendix A, Definitions and terms* for further information). Using the three-category classification, average weekly consumption in 2010 was highest, at 12.9 units, in the managerial and professional group and, at 10.5 units, was lowest among those in routine and manual worker households. This difference is particularly pronounced for women where the managerial and professional group average 9.2 units and the routine and manual group average 6.2 units a week.

[Table 2.6](#)

## Weekly alcohol consumption and smoking

In all age groups from 16 to 64, smokers tend to drink more than non-smokers; however this is largely because smokers and ex-smokers tend to drink more than adults who have never smoked. When comparing current smokers with non-smokers, the average weekly consumption was 22.8 units among smokers and 7.8 units among non-smokers in the 16 to 24 age group. It was 16.9 units for smokers and 10.6 units for non-smokers in the 25 to 44 age group and 16.4 units for smokers and 12.3 units for non-smokers in the 45 to 64 group.

These differences between smokers and non-smokers were driven by people who have never smoked, with ex-smokers drinking nearly as much as current smokers. Unfortunately, there were not enough ex-smokers in the 16 to 24 group for meaningful analysis to be carried out, but in the other groups the differences between smokers and ex-smokers were small and not statistically

significant. Only when looking at all smokers against all ex-smokers did the differences between these groups become significant (16.6 units a week for smokers and 13.4 for ex-smokers). In contrast, the differences between smokers and those who have never smoked were large and significant for men and women in the 25 to 44 and 45 to 64 age groups. Overall smokers tended to drink nearly twice as much as those who had never smoked (16.6 units a week for smokers, 8.7 units a week for never-smoked).

[Table 2.7](#)

Similar differences between smokers and non-smokers can be seen in the proportions of men exceeding 21 units or 50 units of alcohol and the proportions of women exceeding 14 or 35 units of alcohol a week. Among men, 34 per cent of smokers and 24 per cent of non-smokers consumed more than 21 units a week on average. Among women 26 per cent of smokers and 15 per cent of non-smokers consumed more than 14 units a week on average. The differences were even more marked for heavy drinking (above 35 units a week for men and above 50 units for women). Among smokers 11 per cent of men and 8 per cent of women drank heavily but among non-smokers 5 per cent of men and 2 per cent of women drank heavily.

[Table 2.8](#)

### **Weekly alcohol consumption in urban and rural areas**

The Rural/Urban Definition, an Official National Statistic introduced in 2004, defines the rurality of very small census based geographies. Census Output Areas forming settlements with populations of over 10,000 are urban, while the remainder are defined as rural<sup>12</sup>.

Average weekly alcohol consumption was higher among adults who live in rural areas than those who live in urban areas. In rural areas the average was 12.2 units a week and in urban areas it was 11.3 units a week. This difference was driven by women; the average alcohol consumption for women in urban areas was 7.2 units a week whereas for those in rural areas it was higher at 8.7 units. When men in urban and rural areas were compared no statistically significant differences were found. Men in urban areas consumed, on average, 15.8 units a week compared with men in rural areas who consumed 16.0 units a week.

[Table 2.9](#)

Differences were also found when looking at the proportion of women consuming more than 14 units a week. In urban areas 16 per cent of women consumed more than 14 units a week whereas in rural areas 20 per cent of women did so. Again the difference for men was not statistically significant. In urban areas 25 per cent of men consumed more than 21 units a week compared with 27 per cent in rural areas.

[Table 2.10](#)

## Drinking in the week before interview in 2010

The remainder of this chapter discusses the estimates which are based on the questions about drinking in the 7 days before interview.

### Frequency of drinking during the last week

Overall, 60 per cent of adults reported that they had consumed alcohol in the 7 days prior to interview. Men were more likely than women to have had an alcoholic drink in the week before interview: 67 per cent of men and 53 per cent of women had had a drink on at least one day during the previous week. Men also drank on more days of the week than women: 17 per cent of men and 10 per cent of women had drunk on at least five of the preceding seven days. Also men were much more likely than women to have drunk alcohol every day during the previous week (9 per cent compared with 5 per cent).

The proportions of adults drinking during the last week also varied between age groups. Those in the youngest and oldest age groups (16 to 24 and 65 and over) were less likely than those in the other age groups to report drinking alcohol during the previous week. The proportion who had drunk alcohol in the previous week was lowest among women aged 65 and over; 43 per cent of whom had done so, compared with 65 per cent of men in that age group and 60 per cent of women aged 45 to 64.

The age group with the highest proportion of people not drinking at all in the last week was the 16 to 24 group (53 per cent). The proportion of adults who drank every day increased with age group; just 1 per cent of the 16 to 24 age group had drunk every day during the previous week. This increased to 4 per cent in the 25 to 44 group and then to 8 per cent in the 45 to 64 age group and 13 per cent in the 65 and over age group.

[Table 2.11](#)

### Maximum daily amount drunk last week

In [Table 2.12](#), three measures of maximum daily consumption are recorded. The first is the proportion of men exceeding four units and women exceeding three units of alcohol on their heaviest drinking day. This measure is based on the government recommendations that men should not regularly drink more than three to four units and women more than two to three units of alcohol a day. In the following sections this measure will be referred to as drinking more than '4/3 units'. The second measure is intended to indicate heavy drinking that would be likely to lead to intoxication (sometimes referred to as binge drinking<sup>13</sup>) and is set at more than eight units on one day for men and more than six units for women and is referred to as drinking more than '8/6 units'. The third measure indicates very heavy drinking and is set at more than 12 units for men and more than 9 units for women and is referred to as drinking more than '12/9 units'. Very heavy drinking is exceeding three times the government recommended benchmarks for men and women.

The proportion of adults who exceeded 4/3 units of alcohol on at least one day during the previous week was higher for men (36 per cent) than it was for women (28 per cent). Similarly, the proportion drinking heavily was also greater for men (19 per cent) than for women (13 per cent) as was the proportion drinking very heavily (10 per cent of men and 7 per cent of women).

It was noted earlier that older people tend to drink more frequently than younger people. However, among both men and women, those aged 65 and over were significantly less likely than respondents in other age groups to have exceeded 4/3 units of alcohol on at least one day. For example, 22 per cent of men over 65 exceeded four units on at least one day during the previous week. The estimates for the younger three age groups were 34 per cent, 41 per cent and 40 per cent (16 to 24, 25 to 44 and 45 to 64 respectively). Among women, 11 per cent of those aged 65 and over exceeded three units on at least one day and 31 per cent, 35 per cent and 32 per cent of the younger three age groups (16 to 24, 25 to 44 and 45 to 64 respectively) did so.

Similar patterns were evident for heavy drinking (exceeding 8/6 units): 24 per cent of men aged 16 to 24, 25 per cent of men aged 25 to 44, 20 per cent of men aged 45 to 64, but only 7 per cent of those aged 65 and over, had drunk heavily on at least one day during the previous week. Among women the estimates for the corresponding age groups were 17 per cent, 19 per cent, 11 per cent and 2 per cent.

Very heavy drinking (exceeding 12/9 units) was most prevalent in the 16 to 24 and 25 to 44 age groups. In the 16 to 24 age group, 16 per cent of men and 12 per cent of women drank more than 12/9 units, and 15 per cent of men and 11 per cent of women did so in the 25 to 44 group. In the 45 to 64 and 65 and over groups the estimates were 8 per cent of men and 5 per cent of women and 2 per cent of men and 1 per cent of women respectively. Overall, around half the people who drank heavily on at least one day in the week before interview (consumed more than twice the daily drinking benchmarks) drank very heavily on that day (consumed more than 3 times the benchmarks).

[\*Table 2.12a\*](#)

[\*Table 2.12b\*](#) shows the above analysis with those people who did not consume alcohol in the week before interview excluded. When looking only at those people who drank alcohol in the last week, over half (53 per cent) consumed more than 4/3 units, over a quarter (27 per cent) consumed more than 8/6 units and 14 per cent consumed more than 12/9 units on at least one day. The proportion exceeding 4/3 units varied with age group. In the 16 to 24 group, 69 per cent of those who consumed alcohol in the last week consumed more than 4/3 units on their heaviest drinking day. In the 25 to 44 group 60 per cent of adults exceeded 4/3 units, and 54 per cent did so in the 45 to 64 age group. The proportion of drinkers exceeding 4/3 units was lowest, at 30 per cent, in the 65 and over age group.

There were also differences between age groups in heavy drinking. In the 16 to 24 age group 43 per cent of those who consumed alcohol in the last week consumed more than 8/6 units on their heaviest drinking day. The corresponding estimates for the other age groups were 35 per cent, 23 per cent and 8 per cent (25 to 44, 45 to 64 and 65 and over respectively). These differences were largely due to differences in the proportions drinking very heavily in each age group. The

corresponding estimates for proportion of adults consuming more than 12/9 units were 30 per cent, 20 per cent, 10 per cent and 2 per cent (16 to 24, 25 to 44, 45 to 64 and 65 and over age groups respectively).

Overall, men and women who consumed alcohol in the week before interview were equally as likely as each other to consume more than 4/3 units on their heaviest drinking day (53 per cent did so) but men were more likely than women to consume more than 8/6 units (29 per cent compared with 24 per cent) and more likely to consume more than 12/9 units on that day (15 per cent compared with 12 per cent). Differences between men and women varied with age group. In the 16 to 24 age group, there were no significant differences between men and women in the proportion drinking more than 4/3 units but men were more likely to drink heavily than women (49 per cent of men and 37 per cent of women in this age group drank heavily). There was also no significant difference in the 25 to 44 age group between men and women in the proportions exceeding 4/3 units or in the proportions reporting heavy drinking (59 per cent compared with 62 per cent exceeded 4/3, 36 per cent compared with 34 per cent exceeded 8/6). In the 45 to 64 age group there was no significant difference between men and women in the proportions exceeding 4/3 units but men were more likely to drink heavily than women (27 per cent of men and 19 per cent of women in this age group drank heavily). Finally, in the 65 and over group a higher proportion of men than of women consumed more than 4/3 units (33 per cent and 26 per cent) and a higher proportion of men than of women reported heavy drinking (10 per cent and 6 per cent).

[Table 2.12b](#)

## Drinking last week and socio-economic characteristics

Households where the household reference person was classified as managerial and professional had the highest proportions of both men and women who had an alcoholic drink in the last seven days (75 per cent and 64 per cent respectively). The lowest proportions were observed for men and women in routine and manual households (60 per cent and 44 per cent). There was a similar pattern in the proportions drinking on five or more days in the previous week. For example, 17 per cent of adults in managerial and professional households had an alcoholic drink on five or more days in the previous week. In households where the reference person was in an occupation in the 'routine and manual' classification, this proportion was lowest, at 10 per cent.

[Table 2.13](#)

The classifications mentioned above can be further subdivided as shown in [Tables 2.13 and 2.14](#). Women in large employer and higher managerial households were more than twice as likely as those in the routine group to have drunk more than three units of alcohol on any one day (42 per cent compared with 18 per cent). They were also more than twice as likely to have drunk heavily (more than 6 units of alcohol) on at least one day in the previous week (19 per cent compared with 8 per cent). A similar but less pronounced pattern was seen for men. In large employer and higher managerial households 48 per cent of men exceeded four units of alcohol on their heaviest drinking day in the week before interview. In the routine group the estimate was 30 per cent. Men in large employer and higher managerial households were also more likely to have drunk heavily

(more than 8 units of alcohol) on at least one day in the previous week than those in the routine group (26 per cent compared with 15 per cent).

Overall, the proportion of adults exceeding 4/3 units of alcohol was greater in managerial and professional households (37 per cent) than in routine and manual households (26 per cent); the proportion drinking heavily (exceeding 8/6 units) was also greater in managerial and professional households (18 per cent) than in routine and manual households (13 per cent).

[Table 2.14](#)

### **Drinking last week and smoking status**

Smokers were more likely than non-smokers to have consumed more than 4/3 units of alcohol on at least one day in the week before interview. Among men, 46 per cent of smokers drank more than four units of alcohol on at least one day compared with 33 per cent of non-smokers. For women, 37 per cent of smokers and 26 per cent of non-smokers drank more than 3 units of alcohol on at least one day. Smokers were also more likely than non-smokers to have had a heavy drinking day (exceeding 8/6 units of alcohol) in the week before interview. Among smokers, 27 per cent of men and 23 per cent of women drank heavily on at least one day but the corresponding estimates for non-smokers were much lower at 17 per cent of men and 10 per cent of women.

[Table 2.15](#)

### **Drinking last week in urban and rural areas**

Adults living in rural areas were more likely to have consumed more than 4/3 units of alcohol on at least one day in the week before interview than those living in urban areas. The proportion of adults who exceeded 4/3 units was 31 per cent in urban areas and 34 per cent in rural areas. This difference was driven by the 16 to 24 and 25 to 44 age groups. In the 16 to 24 age group 31 per cent of adults in urban areas consumed more than 4/3 units of alcohol compared with 40 per cent in rural areas. In the 25 to 44 age group 37 per cent of adults in rural areas exceeded 4/3 units of alcohol compared to 42 per cent in rural areas.

[Table 2.16](#)

### **Drinking last week and household income**

The proportion of people who drank alcohol in the week before interview increased as household income increased. In households in the lowest 20 per cent quintile, 45 per cent of adults drank alcohol in the previous week and 11 per cent did so on 5 or more days whereas in the highest income quintile, 77 per cent of adults drank in the previous week and 17 per cent did so on 5 or more days.

[Table 2.17](#)

The proportions of adults exceeding 4/3 units of alcohol and drinking heavily (exceeding 8/6 units) tended to rise with increasing gross weekly household income. In households in the lowest income quintile 22 per cent of adults exceeded 4/3 units of alcohol and 11 per cent drank heavily (exceeded 8/6 units) on at least one day in the previous week. Adults living in households in the highest income quintile were twice as likely to have exceeded 4/3 units of alcohol and were twice as likely to have drunk heavily as adults in households in the lowest income quintile (45 per cent and 24 per cent compared with 22 per cent and 11 per cent).

[Table 2.18](#)

## Drinking last week, economic activity and earnings from employment

Variations in alcohol consumption by economic status reflect differences in both the income and age profiles of the groups. Among men aged 16 to 64, those in employment were most likely to have drunk alcohol during the previous week – 73 per cent had done so compared with 49 per cent of the unemployed and 52 per cent of those who were economically inactive. Working men were more likely than unemployed and economically inactive men to have drunk more than 4 units of alcohol on one day – 43 per cent, compared with 32 per cent and 28 per cent respectively. Working men were also more likely than unemployed and economically inactive men to have drunk heavily (more than 8 units) on one day – 25 per cent compared with 16 and 14 per cent.

Among women aged 16 to 64, 62 per cent of those who were working, 45 per cent of those who were unemployed, and 44 per cent of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the unemployed or economically inactive to have drunk more than 3 units of alcohol on one day - 37 per cent, compared with 27 per cent and 24 per cent respectively. Working women were also more likely than the economically inactive to have drunk heavily (more than 6 units) on one day - 18 per cent, compared with 10 per cent.

[Tables 2.19 and 2.20](#)

Among those aged 16 to 64 and working full time, drinking behaviour showed a similar pattern of association with earnings from employment as it did with household income. The prevalence of alcohol consumption was highest among those earning the most. In the highest earnings quintile 81 per cent of adults had consumed alcohol in the week before interview and 18 per cent had consumed it on 5 or more days in that week. In the lowest earnings quintile 63 per cent of adults had consumed alcohol in the week before interview and 10 per cent had done so on 5 or more days.

[Table 2.21](#)

High earners were also more likely to exceed 4/3 units of alcohol than low earners. For example, 49 per cent of adults in the highest earning quintile exceeded 4/3 units compared with 39 per cent of those in the lowest quintile. The relationship between earnings and heavy drinking is similar. In the highest earning quintile 29 per cent of adults drank heavily (exceeding 8/6 units) on at least one day in the week before interview whereas in the lowest quintile this was much lower at 20 per cent.

[Table 2.22](#)

## Variation in drinking last week between countries and regions

In 2010 a higher proportion of men (68 per cent) and women (54 per cent) in England consumed alcohol in the week before interview than in Scotland (62 per cent and 49 per cent respectively). Men in England and men in Wales (both 17 per cent) were more likely than men in Scotland (11 per cent) to have had an alcoholic drink on at least five days in that week. Adults in Scotland were, however, more likely to consume above 4/3 units of alcohol on their heaviest drinking day (35 per cent did so) and were more likely to report heavy drinking (18 per cent drank more than 8/6 units) on that day than adults in England (31 per cent and 15 per cent respectively). It should be noted, however, that the countries of Great Britain also conduct their own health surveys that include questions on drinking and that results between surveys can differ<sup>14</sup>.

When comparing the regions of England, adults in London had the lowest prevalence of drinking in the week before interview (53 per cent). Adults in the West Midlands had the next lowest prevalence (56 per cent) with the other regions being broadly similar to each other. The highest proportions of adults exceeding 4/3 units of alcohol on their heaviest drinking day were found in the North West, South East and in Yorkshire and the Humber regions (38 per cent, 35 per cent and 34 per cent respectively of adults). The lowest proportions exceeding 4/3 units of alcohol respectively were in the West Midlands, London and the East Midlands (24 per cent, 28 per cent and 29 per cent of adults). The North West and Yorkshire and the Humber regions showed the highest levels of heavy drinking (20 per cent and 18 per cent of adults exceeded 8/6 units on their heaviest drinking day) while the West Midlands and the East Midlands showed the lowest at 12 per cent.

[Tables 2.23 and 2.24](#)

## Drinking during pregnancy

Current advice from the National Institute for Health and Clinical Excellence is that women should avoid drinking alcohol in the first 3 months of pregnancy if possible because it may be associated with an increased risk of miscarriage. If women choose to drink alcohol during pregnancy they are advised to drink no more than 1 to 2 units once or twice a week. It can be seen from Tables 2.25 and 2.26 that the vast majority of women heed this advice: 2 per cent of pregnant women drank alcohol on more than 2 days in the week before interview (compared with 21 per cent of women aged 16 to 49 who were not pregnant or unsure) and 4 per cent of pregnant women consumed more than 2 units on their heaviest drinking day in that week (compared with 42 per cent of women aged 16 to 49 who were not pregnant or unsure)

[Tables 2.25 and 2.26](#)

## Notes and references

- 1 Healthy lives, healthy people: our strategy for public health in England, Department of Health, 2010, available at: [www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm](http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm)
- 2 The School of Health and Related Research (ScHARR) at the University of Sheffield's website (2012): [www.shef.ac.uk/scharr](http://www.shef.ac.uk/scharr)
- 3 The Network of Public Health Observatories website (2012): [www.apho.org.uk/](http://www.apho.org.uk/)
- 4 The Organisation for Economic Co-operation and Development's (OECD) *Health at a Glance* publication (2010). Available at: [www.oecd.org/health/healthataglance/europe](http://www.oecd.org/health/healthataglance/europe)
- 5 Goddard E (2001) 'Obtaining information about drinking through surveys of the general population', *National Statistics Methodology Series NSM 24*
- 6 ABV is the percentage of Alcohol by Volume.
- 7 A unit of alcohol is defined as 10ml of pure ethanol. This is equivalent to a standard measure of spirits (25ml at 40% ABV) or half a pint of standard strength beer (284ml at 3.6% ABV)
- 8 Department of Health (1995) *Sensible drinking: the report of an inter-departmental group*.
- 9 Robinson S & Harris H (2011) *Smoking and drinking among adults*. Office for National Statistics, available at: [www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2009-report/index.html](http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2009-report/index.html)
- 10 Inequalities in Health, (The Stationery Office 1998) also available at [www.archive.official-documents.co.uk/document/doh/ih/contents.htm](http://www.archive.official-documents.co.uk/document/doh/ih/contents.htm)
- 11 Department of Health (2007) *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, available at: [www.dh.gov.uk/en/Publicationsandstatistics/publications/PublicationsPolicyandGuidance/DH\\_075218](http://www.dh.gov.uk/en/Publicationsandstatistics/publications/PublicationsPolicyandGuidance/DH_075218)
- 12 Further information on the Urban/Rural Classification is available at: [www.ons.gov.uk/ons/guide-method/geography/frequently-asked-questions/topics-relating-to-our-work/classification-of-rural-and-urban-areas/index.html](http://www.ons.gov.uk/ons/guide-method/geography/frequently-asked-questions/topics-relating-to-our-work/classification-of-rural-and-urban-areas/index.html)
- 13 Department of Health (2011) *Alcohol Misuse*, available at: [www.nhs.uk/Conditions/Alcohol-misuse/Pages/Definition.aspx](http://www.nhs.uk/Conditions/Alcohol-misuse/Pages/Definition.aspx)
- 14 A discussion of the differences between countries based on health surveys is available at: [www.scotland.gov.uk/Publications/2010/08/31093025/0](http://www.scotland.gov.uk/Publications/2010/08/31093025/0)

# Chapter 3: Households, families and people

# Households, families and people

The General Household Survey (GHS) has provided data about households, families and people since 1971. The General Lifestyle Survey (GLF) continues to collect these data. This chapter looks at how the composition of households and families has changed over the last 40 years.

## How the data are used and their importance

An understanding of families and households is crucial for those involved in planning and decision making at the national and local level. In addition, family and social relationships are one of the most important factors contributing to wellbeing. Users of the data include: journalists; charities; the private sector; students; researchers and academics; and members of the general public.

GHS and GLF data are combined with other ONS data sources to present a picture of households and families living in Great Britain. Information about the different data sources is provided in the ONS Information note [Comparing data sources on families and households](#), which is available on the ONS website<sup>1</sup>. The note highlights the Labour Force Survey (LFS) as the preferred source for estimates on these topics due to its large sample size, timeliness, and because it provides estimates on a consistent basis for the whole UK. This is reflected in the ONS *Statistical Bulletin on Families and Households*<sup>2</sup> that uses LFS and not GLF data. However, the GLF and GHS provide a longer time-series of data than the LFS (LFS data are only available from 1997 onwards) and are therefore important sources for analysing changes over the last 40 years. The Population Trends article, *The changing demography of mid-life from the 1980s to 2000s*<sup>3</sup>, is an example of where historical GHS data has been used to understand changes over a number of decades.

An overview of population statistics more generally is provided on the [ONS website](#)<sup>4</sup>

## The results

The analysis in this chapter looks at data from households, and the families and people who comprise households. A household is defined as a person living alone, or a group of people living at the same address who have the address as their only or main residence, and either share one meal a day or share living accommodation (or both). A household can consist of more than one family. A family is a married, civil partnered or cohabiting couple, or a lone parent, and their never married children (who may be adult), provided these children have no children of their own. Please see [Appendix A, Definitions and terms](#) for further information.

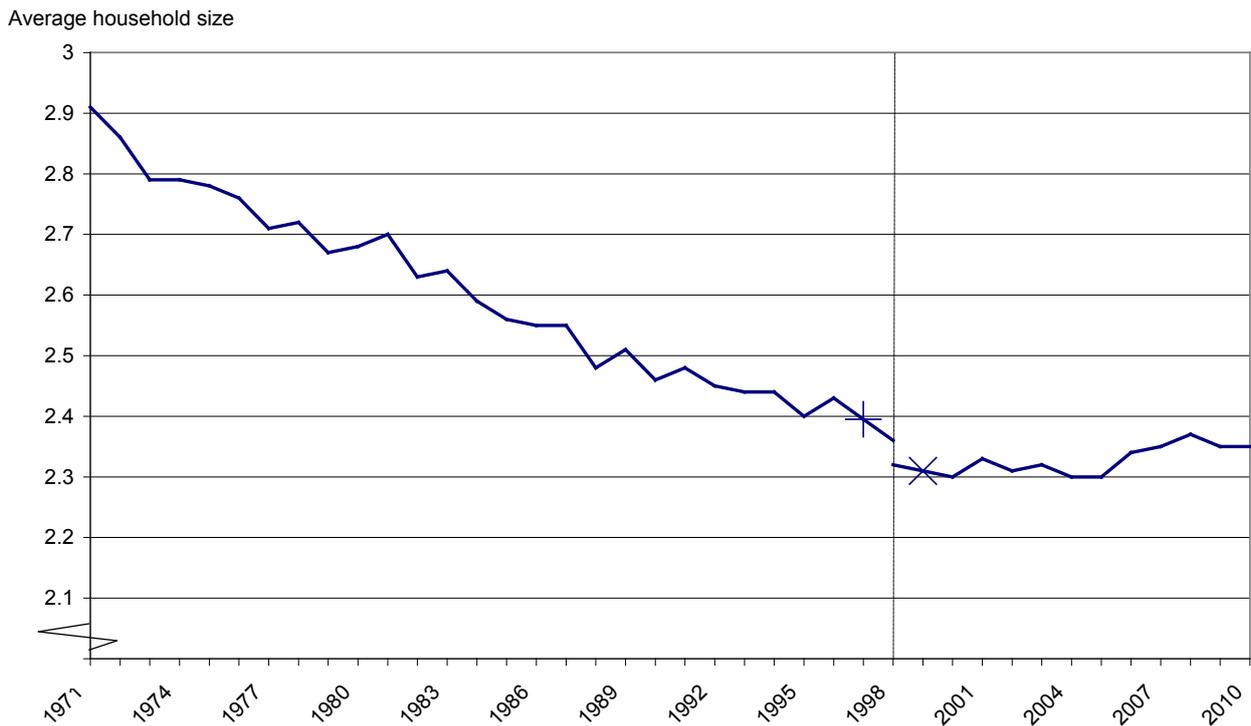
### Household size

Between 1971 and 1991 the average size of a household in Great Britain declined from 2.91 persons to 2.48. It continued to decline, though at a slower rate, throughout the 1990s falling to 2.32 by 1998, since then it has changed little; in 2010 the average number of persons per household was 2.35. The overall decline in average household size has resulted from a large increase in the proportion of one-person households, which almost doubled from 17 per cent in 1971 to 31 per cent in 1998. The largest change has been in the proportion of households containing one adult aged 16 to 59 years, which tripled from 5 per cent in 1971 to 15 per cent in 1998. Since 1998, however, there has been little change in this proportion, which has ranged between 13 and 16 per cent; in 2010, 13 per cent of households contained one adult aged 16 to 59 years.

[Tables 3.1 and 3.2](#), **Figure 3.1**

**Figure 3.1 Average household size, 1971 to 2010<sup>1,2,3</sup>**

Great Britain



- 1 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
- 2 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
- 3 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

**Source: General Lifestyle Survey, Office for National Statistics**

The proportion of adults (aged 16 and over) that live alone almost doubled between 1973 and 1998; 9 per cent of adults lived alone in 1973, compared with 17 per cent in 1998. Since 1998 there has been little change in this proportion and in 2010, 16 per cent of adult lived alone. There were marked differences in the proportion that live alone in different age groups. For example, adults aged 25 to 44 were five times more likely to live alone in 2010 (10 per cent) than in 1973 (2 per cent). The percentage of people aged 75 or over who live alone has also increased from 40 per cent in 1973 to 47 per cent in 1983, since then it has stayed between 47 per cent and 51 per cent and was 49 per cent in 2010.

[Table 3.3](#)

### **Households and families with dependent children**

In families with children, children may be dependent or non-dependent. Dependent children are those aged less than 16 living with at least one parent, or aged 16 to 18 in full-time education, excluding all children who have a spouse, partner or child living in the household.

In 2010, 18 per cent of all households consisted of a married couple and their dependent children, while 4 per cent consisted of a cohabiting couple and their dependent children. There has been little change in these proportions since 1998. Before 1998, however, there was a decline in the proportion of these households, which together represented nearly one-third of all households (31 per cent) in 1979. This trend is partly explained by the rise in one-person households, alongside a decline in the proportion of married couples with dependent children.

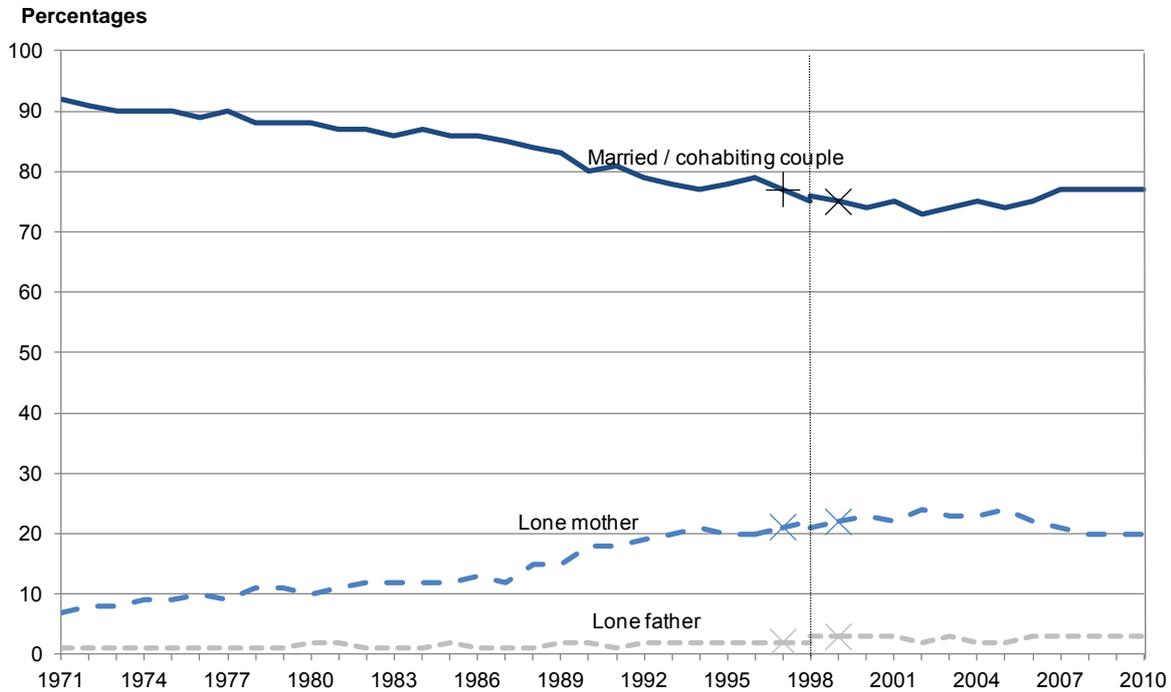
[Table 3.5](#)

In 2010, 77 per cent of families with dependent children were headed by a married or cohabiting couple. This proportion has declined steadily since the GHS was first conducted in 1971, when 92 per cent of families were of this type. Over this period there has been a large increase in the proportion of lone-parent families. The percentage of families headed by a lone mother increased from 7 per cent in 1971 to 21 per cent in 1998 and has ranged between 20 per cent and 24 per cent since then. In 2010, 20 per cent of families were headed by a lone mother. The rise in the proportion of this family type has been driven by an increase in the proportion of lone mothers who have never married (single). In 1971 only 1 per cent of families with dependent children were headed by a single lone mother, compared with more than 1 in 10 in 2010 (11 per cent). The percentage of families headed by a lone father increased since the early 1970s from 1 per cent to 3 per cent in 2010.

[Table 3.6, Figure 3.2](#)

**Figure 3.2 Families with dependent children by family type, 1971 to 2010<sup>1,2,3</sup>**

Great Britain



- 1 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
- 2 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
- 3 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

**Source:** General Lifestyle Survey, Office for National Statistics

When considering dependent children within each family type. Of all dependent children in families, 26 per cent were the only dependent child in their family in 2010, compared with just 18 per cent in 1972. This increase is reflected in the average number of dependent children in families, which was 1.7 in 2010, compared with 2.0 in 1971. This fall is likely to reflect both changes in the average number of children born to a woman and the increasing age at which women are having children.

[Tables 3.7 and 3.8](#)

## References

- 1 Office for National Statistics (2011), *Comparing data sources on families and households*, available at: [www.ons.gov.uk/ons/taxonomy/index.html?nscl=Families%2C+Children+and+Young+People](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Families%2C+Children+and+Young+People)
- 2 ONS (2012), *Families and Households, 2001 to 2011* Statistical Bulletin, available at: [www.ons.gov.uk/ons/rel/family-demography/families-and-households/2011/stb-families-households.html](http://www.ons.gov.uk/ons/rel/family-demography/families-and-households/2011/stb-families-households.html)
- 3 Demey, D, Berrington, A, Evandrou, M and Falkingham, J (2011), "The changing demography of mid-life from the 1980s to 2000s", *Population Trends* 145, Autumn 2011, Office for National Statistic. [www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--145--autumn-2011/index.html](http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--145--autumn-2011/index.html)
- 4 ONS (2012), an overview of ONS's population statistics: <http://www.ons.gov.uk/ons/guide-method/method-quality/specific/population-and-migration/an-overview-of-ons-s-population-statistics/index.html>.

# Chapter 4: Housing and Consumer Durables

# Housing and consumer durables

The General Household Survey (GHS) has included questions on housing and the availability of consumer durables since 1971. Periodically new consumer items have been added and some older items have been dropped depending on their availability. The General Lifestyle Survey (GLF) continues to ask housing and consumer durable questions.

## How the data are used and their importance

The GLF data are used to monitor housing conditions and material deprivation. Material deprivation refers to the inability for households to afford those consumption goods and activities that are typical in a society at a given point in time. Housing conditions and material deprivation are key factors in measuring poverty and all Member States of the European Union are required to collect these data, which are used to monitor poverty.

Housing data collected from the GLF and GHS are presented in this report; however, data on housing are collated from a number of different sources, including the Census, the Labour Force Survey and the English Housing Survey. These data are used in a number of analyses and reports, such as Chapter 6 of [Social Trends 41](#)<sup>1</sup>.

## The results

This chapter looks at trends over time as well as data from the 2010 GLF on consumer durables and housing.

### Housing

Between 1971 and 2008 the proportion of households owning their home rose from 49 per cent to 71 per cent. Most of the increase occurred during the 1980s and was due to a marked increase in the proportion of households owning with a mortgage. From 2008 to 2010 the proportion of households owning their home has reduced to 68 per cent. This was driven by a 2 per cent drop in the proportion of households owning with a mortgage.

The proportion of households renting council homes increased from 31 per cent in 1971 to 34 per cent in 1981, but since then has declined steadily to 10 per cent in 2010. The proportion of households renting from a housing association<sup>2</sup> has increased in every decade (from 1 per cent in 1971, 2 per cent in 1981 and 3 per cent in 1991 to 8 per cent in 2010). The proportion of households renting privately fell by almost two-thirds, from 20 per cent in 1971 to 7 per cent in 1991. Between 1995 and 2008 the proportion remained between 9 per cent and 11 per cent, but increased to 13 per cent in 2010. This increase was offset by a decrease in the proportion of owner occupiers with a mortgage from 39 per cent in 2008 to 36 per cent in 2010.

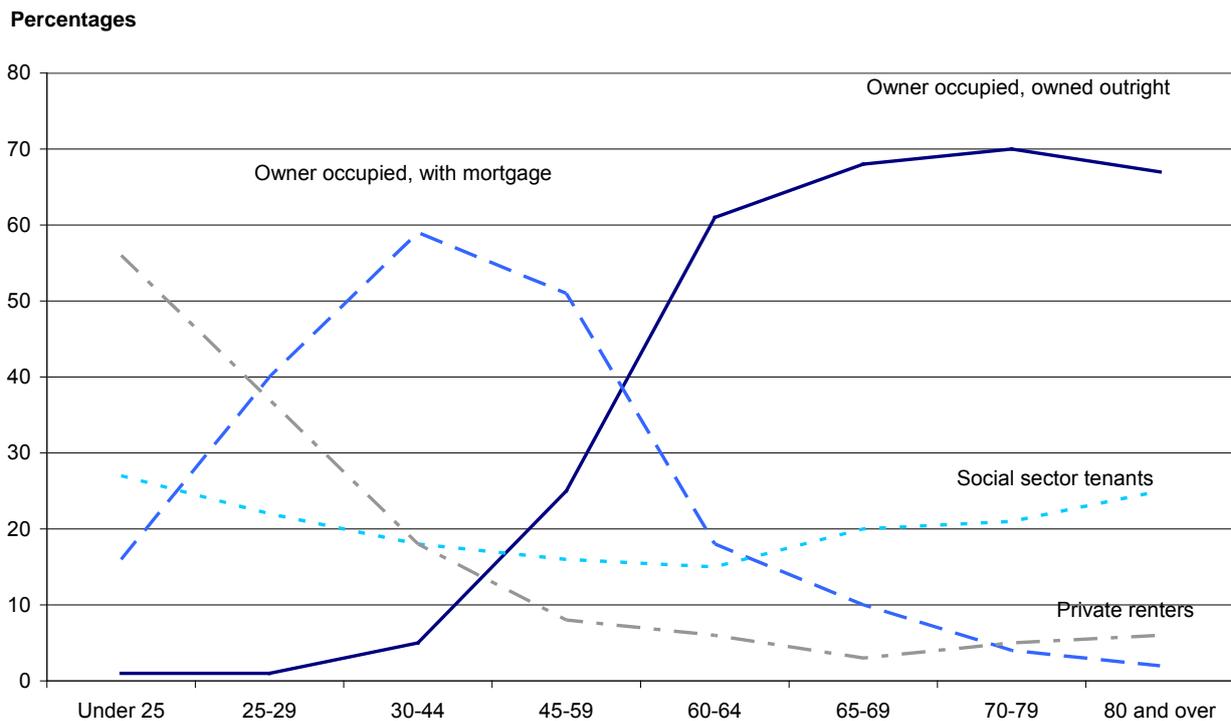
[Table 4.1](#)

The tenure status of households varied depending on the age of the Household Reference Person (HRP - please see *Appendix A, Definitions and terms*). In 2010 the proportion of households owning their home outright rose from just 1 per cent in the under 30 age groups, to over 60 per cent in the 60 and over age groups. Fifty-nine per cent of households with a HRP aged 30 to 44 owned their home with a mortgage compared with 16 per cent for the under 25 age group and 2 per cent for the 80 and over age group. Among households where the HRP was less than 25 years of age, 56 per cent rented privately. This compared with less than one in ten households where the HRP was aged 45 and over. The proportion of each age group that were social sector tenants dropped from 27 per cent in the under 25 age group to 15 per cent in the 60 to 64 age group, but rose to 25 per cent where the HRP was aged 80 or over.

[Table 4.9, Figure 4.1](#)

**Figure 4.1 Tenure<sup>1</sup> by age of household reference person, 2010**

Great Britain



<sup>1</sup> Tenants whose accommodation goes with the job of someone in the household have been allocated to 'private renters'.

Source: *General Lifestyle Survey, Office for National Statistics*

In 2010 there were differences in the proportion of households in each tenure group depending on the sex of the HRP. Among households with a male HRP, around three-quarters (74 per cent) owned their home compared with 60 per cent of households with a female HRP. In contrast, households with a female HRP were almost twice as likely to be social sector tenants (renting from

a council, housing association or Registered Social Landlord); 26 per cent compared with 14 per cent of households with a male HRP.

[\*Table 4.10\*](#)

## **Consumer durables**

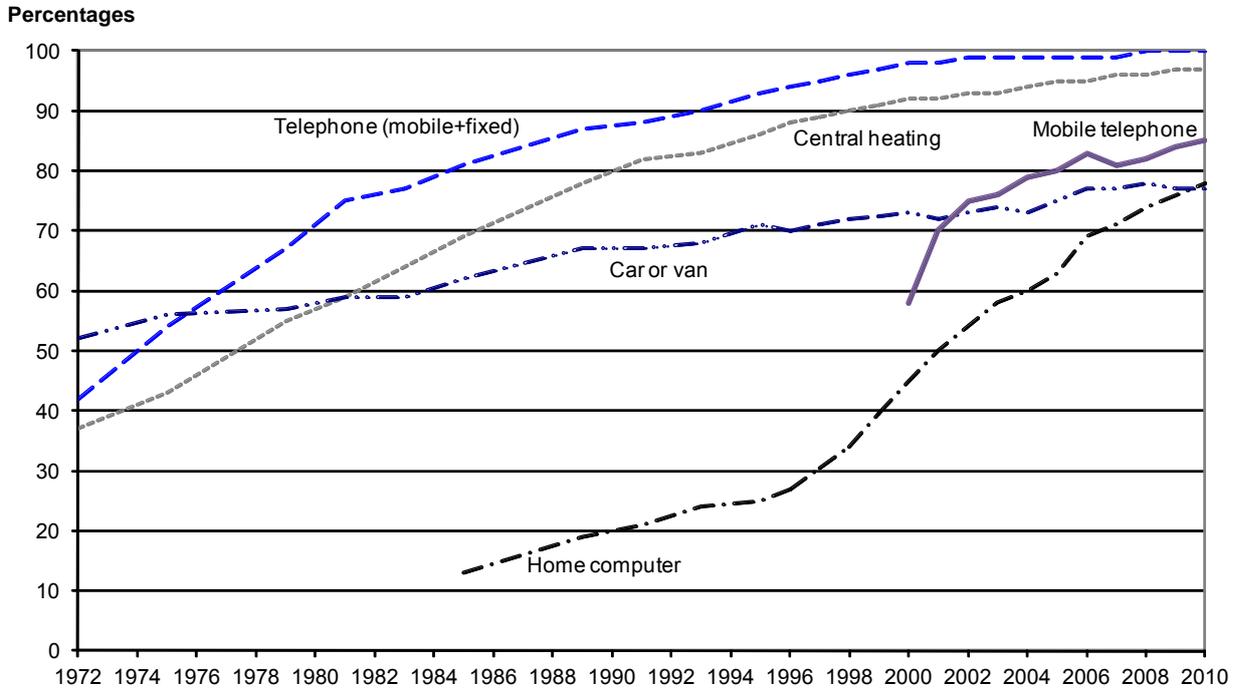
Since the early 1970s the survey has recorded a significant increase in the ownership of many consumer durables and household amenities. For example, almost all households (97 per cent) had central heating in 2010 compared with only 37 per cent in 1972. Access to a car or van has also risen; in 1972 at least one car or van was available to just over half (52 per cent) of households, this increased to over three-quarters (77 per cent) in 2010. The proportion of households with a home computer increased from 13 per cent in 1985 to 78 per cent of all households in 2010.

In 1975, 54 per cent of all households had a telephone, whereas in 2010 almost all households had a phone (either fixed or mobile). In 2000, when the GHS first asked about mobile phones, the proportion of households in which at least one person had a mobile phone was 58 per cent; this increased to 85 per cent in 2010. The proportion of households with a fixed telephone fell from 93 per cent in 2000 to 89 per cent in 2010.

[\*Table 4.19, Figure 4.2\*](#)

**Figure 4.2 Percentage of households with consumer durables, central heating and cars, 1972 to 2010<sup>1,2,3</sup>**

Great Britain



1 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data  
 2 Weighted data are shown from 1998 onwards  
 3 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

Source: General Lifestyle Survey, Office for National Statistics

In 2010 there were differences in ownership of consumer durables by family type. Lone-parent families were less likely than other families with dependent children to have a home computer (86 per cent compared with 97 per cent) or have access to a car or van (59 per cent compared with 93 per cent). Lone parent families were also less likely to have a fixed telephone (76 per cent compared with 93 per cent for other families with dependent children); however, the proportions for mobile telephone ownership were the same at 92 per cent.

[Tables 4.23](#)

## Notes and references

- 1 Office for National Statistics (2011) *Social Trends 41*, Palgrave Macmillan, 01 Nov 2011, available at: [www.ons.gov.uk/ons/rel/social-trends-rd/social-trends/social-trends-41/index.html](http://www.ons.gov.uk/ons/rel/social-trends-rd/social-trends/social-trends-41/index.html)
- 2 Since 1996, housing associations are described as Registered Social Landlords (RSLs). RSLs are not-for-profit organisations which include: charitable housing associations; industrial and provident societies, and companies registered under the Companies Act 1985

# Chapter 5: Marriage and cohabitation

# Marriage and cohabitation

The family information section within the General Lifestyle Survey (GLF) and the General Household Survey (GHS) provides the longest running time series of reliable statistics on partnerships and relationships in Great Britain. It is one of the only government surveys that collects data on family history, which is vital for understanding partnership transitions and partnership stability.

In 1979 questions on marital history were introduced on the GHS for both men and women. Questions were also introduced for women aged 18 to 49 relating to pre-marital cohabitation before the current or most recent marriage. In 1986 these questions were extended to both men and women aged 16 to 59 and every marriage past and present. In 1998 a further question was added to find out the number of past cohabitations not ending in marriage and in 2000 new questions were included on the length of past cohabitations not ending in marriage. The 2010 GLF continued to collect information about marital history and periods of cohabitation from adults aged 16 to 59.

## How the data are used and their importance

GLF and GHS data on family formation have been extremely valuable for understanding the changes that have occurred in society over the last four decades. For example, changes in the proportion of cohabiting partners and in the stability of relationships have highlighted policy issues, such as the rights of cohabiting couples and the welfare of children. For these reasons, the GLF and GHS are widely used by researchers working within and outside Government. An example is the [Population Trends](#) research article, Cohabitation and marriage in Britain since the 1970s, written by the Centre for Population Change (CPC)<sup>1</sup>. The article uses GHS and GLF data to provide an overview of trends in marriages and relationships over several decades and emphasises the importance of good information on family trends.

The GLF estimates of the England and Wales population by partnership status are used to inform and quality assure cohabitation estimates, which themselves feed the assumptions made for cohabitation projections. Estimates and projections of the cohabiting population are made alongside the publication of marital status projections and are used by other government departments for statistical modelling relating to housing policy and benefits policy. The Cohabitation estimates for England and Wales are published on the ONS website<sup>2,3</sup>.

## The results

Information about the marital status of all adults aged 16 or over in the household is collected in two stages. First, the marital status of all adults aged 16 and over is collected from the person answering the household questionnaire (usually the Household Reference Person (HRP) or their partner). At the second stage, each household member aged 16 to 59 is asked detailed questions about their marriage and cohabitation history. For this stage, respondents are given the option of self-completion, particularly if the interviewer judges that a lack of privacy might affect reporting. In 2010, around 20 per cent of respondents chose to self-complete the questions.

For the 2009 and 2010 survey years, if a respondent was in the longitudinal sample of the GLF, but hadn't answered the second stage section of the questionnaire in the previous year, their full marriage and cohabitation history was not collected. As a consequence, the proportion of full responses to the marriage and cohabitation sections of the questionnaire is lower for these years.

### ***De facto* marital Status**

*De facto* marital status (that is, including cohabitation) is the legal marital status of the respondent unless the respondent was currently cohabiting with someone else; in which case cohabiting is the *de facto* status. Cohabiting couples are people who live together as a couple in a household without being married to each other. Respondents who were single, widowed, divorced or separated but who were cohabiting are here classified as cohabiting, rather than by their legal marital status. Those who were not cohabiting have been classified by their legal marital status.

In 2010 the *de facto* marital status of men aged 16 and over was: 52 per cent were married, 1 per cent were in a civil partnership, 10 per cent were cohabiting, 28 per cent were single, 3 per cent were widowed and 6 per cent were either divorced or separated. Among women aged 16 and over the estimates are: 49 per cent were married, less than 1 per cent were in a civil partnership, 10 per cent were cohabiting, 22 per cent were single, 10 per cent were widowed and 9 per cent were either divorced or separated.

[Table 5.1](#)

### **Current cohabitation**

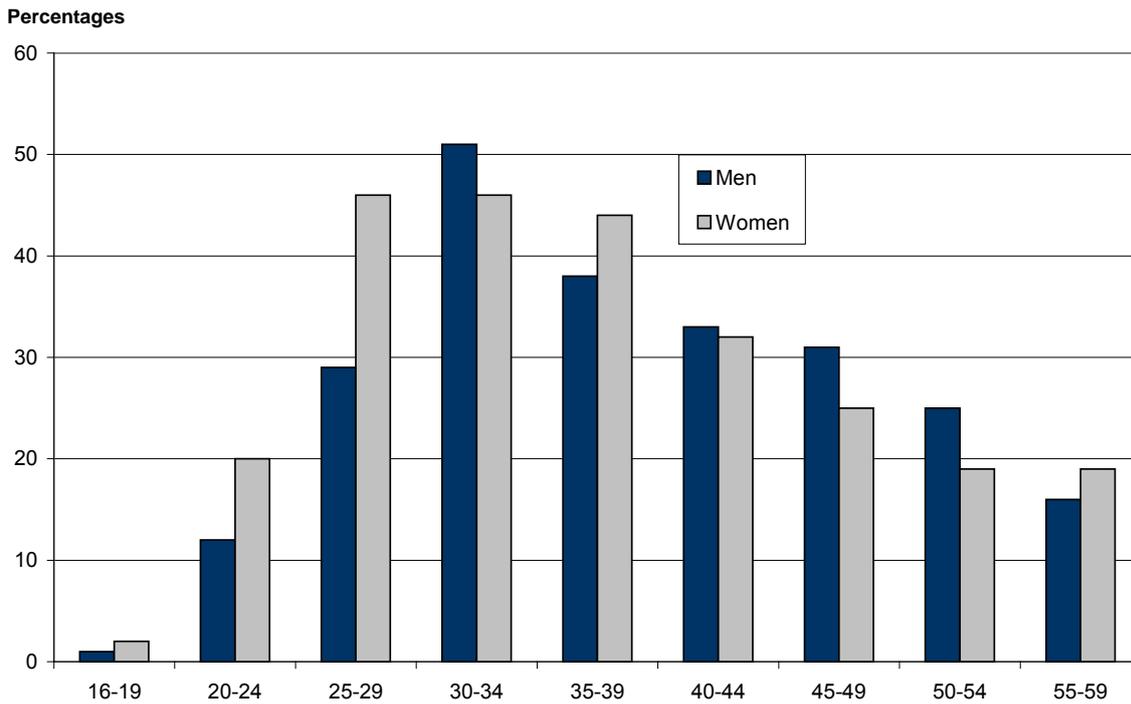
In 2010, 13 per cent of both men and women aged 16 to 59 were currently cohabiting. Among men aged 16 to 59, those in the 25 to 29 and 30 to 34 age groups were most likely to be currently cohabiting than any other age group (22 per cent of men aged 25 to 29 and 26 per cent of men aged 30 to 34, compared with fewer than 18 per cent in all other age groups). Among women aged 16 to 59, those aged 25 to 29 were more likely to be cohabiting than any other age group (30 per cent of women aged 25 to 29 were cohabiting compared with 2 per cent to 19 per cent in the other age groups). Overall among non-married people aged 16 to 59, 25 per cent of men and 27 per cent of women were currently cohabiting. Non-married women were more likely to be cohabiting in

the younger age groups than men. For example, 29 per cent of non-married men aged 25 to 29 were cohabiting compared with 46 per cent of women in this age group.

[Table 5.3](#), [Figure 5.1](#)

**Figure 5.1 Percentage of non-married<sup>1</sup> men and women aged 16 to 59 currently cohabiting<sup>2</sup> by age, 2010**

Great Britain



1 Men and women describing themselves as 'separated' were in a legal sense still married. However, because the separated can cohabit, they have been included in the 'non-married' category

2 'Cohabiting' includes same sex couples

Source: *General Lifestyle Survey, Office for National Statistics*

Data from 2009 and 2010 have been combined to provide a large enough sample to analyse current cohabitation by age and legal marital status. Among non-married men aged 16 to 59, those who were divorced and those who were single were the most likely to be currently cohabiting; 30 per cent of divorced men and 26 per cent of single men compared with 10 per cent of separated men and 3 per cent of widowed men. Among non-married women aged 16 to 59, those who were single were most likely to be currently cohabitating (30 per cent), followed by those who were divorced (22 per cent), separated (10 per cent) and widowed (2 per cent).

[Table 5.4](#)

## Current cohabitation and trends over time among women

As noted earlier, women aged 18 to 49 were the first to be asked questions on cohabitation in the GHS. This section looks at the trends over time for this age group.

Since 1979 the proportion of women aged 18 to 49 who were married declined from 74 per cent in 1979 to 47 per cent in 2003. Since then this proportion has changed little and in 2010, 46 per cent of women aged 18 to 49 were married. In contrast, the proportion of women who were single (that is, who had never been married) increased from 18 per cent in 1979 to 45 per cent in 2010.

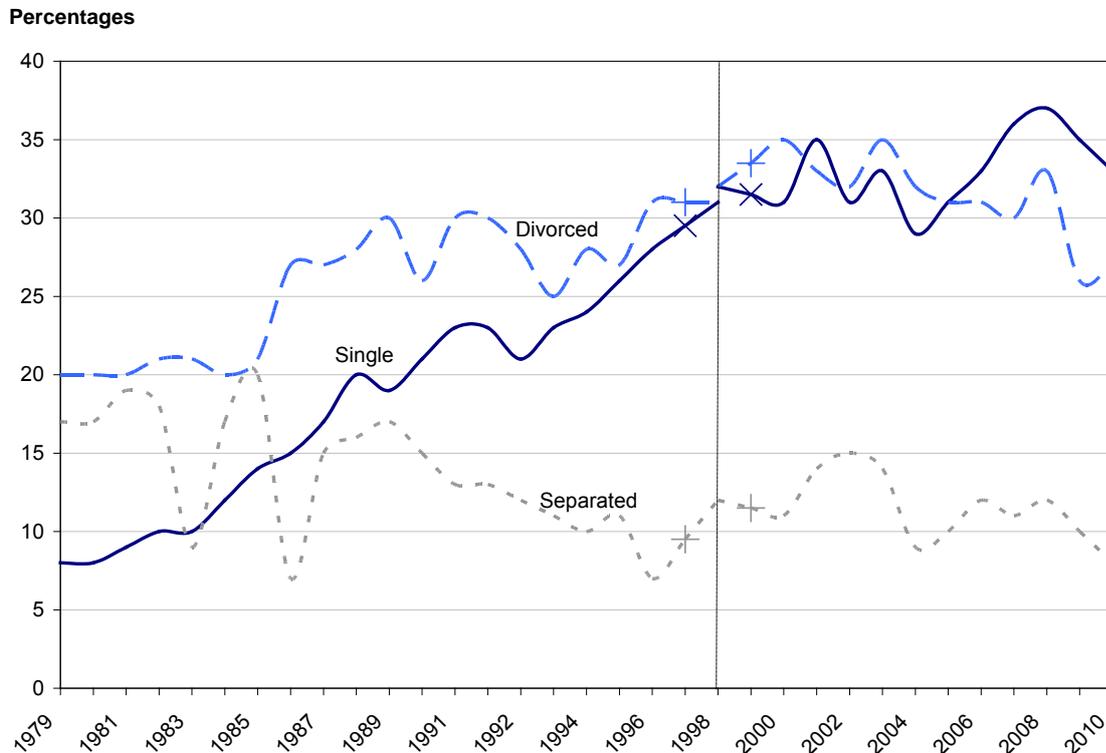
[\*Table 5.7\*](#)

In terms of current cohabitation, the proportion of non-married women aged 18 to 49 who were cohabiting increased from 11 per cent in 1979 to 32 per cent in 2001. Since then the proportion has ranged between 28 per cent and 35 per cent and in 2010, 31 per cent of non-married women aged 18 to 49 were cohabiting. The increase in the proportion of cohabiting non-married women since 1979 has been driven by an increase in the proportion of single women cohabiting. Among single women aged 18 to 49, the proportion cohabiting more than quadrupled from 8 per cent in 1979 to 33 per cent in 2010.

[\*Table 5.8, Figure 5.2\*](#)

**Figure 5.2 Percentage of single, divorced and separated women<sup>1</sup> aged 18 to 49 cohabiting by legal marital status, 1979 to 2010<sup>2,3,4,5</sup>**

Great Britain



- 1 Widows have not been included because of the small sample size.
- 2 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
- 3 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
- 4 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.
- 5 The volatility in the 'separated' time-series reflects the small sample size for this group of women.

Source: General Lifestyle Survey, Office for National Statistics

### Dependent children in the household and current cohabitation among women

In households with children, children may be dependent or non-dependent. Dependent children are those aged less than 16 living with at least one parent, or aged 16 to 18 in full-time education, excluding all children who have a spouse, partner or child living in the household.

In 2010 among women aged 16 to 59, 55 per cent of married women had at least one dependent child in their household compared with 46 per cent of cohabitating women, 20 percent of single women, 38 per cent of divorced women and 53 per cent of separated women.

[Table 5.9](#)

In 2010, as in previous years, non-married women aged 16 to 59 who had dependent children in their household were more likely than those without dependent children to be cohabiting. Forty-two per cent of non-married women who had at least one dependent child living with them were cohabiting, compared with 20 per cent of non-married women without dependent children. This

difference was driven by the proportions for single women; over half (52 per cent) of single women who had dependent children living with them were cohabiting, compared with 30 per cent of single women without dependent children.

[Table 5.10](#)

### **Past cohabitations not ending in marriage**

In 1998, for the first time, the GHS asked a question to find out the number of past cohabitations not ending in marriage. Since 2000, questions have also been included to establish the length of past cohabitations not ending in marriage. These periods of completed cohabitation do not include the current relationship of a respondent living as a couple at the time of interview.

With the exception of those who chose the self-completion option, married and cohabiting respondents might have been interviewed in the presence of their partner. Therefore, it is possible that previous cohabitations may be under-reported for these groups.

In 2010 among adults aged 16-59, 18 per cent had at least one completed cohabitation that did not end in marriage; 12 per cent had only one completed cohabitation not ending in marriage; 4 per cent had two; and 1 per cent had three or more.

As in previous years, the proportions reporting past cohabitations not ending in marriage varied by current marital status for both men and women. Married people were less likely than other respondents to report these kinds of relationships (13 per cent of men and 11 per cent of women) compared with those who were cohabiting (22 per cent of men and 24 per cent of women), single (21 per cent of men and 28 per cent of women) or divorced (29 per cent of men and 27 per cent of women).

[Tables 5.12 and 5.13](#)

### **Duration of past cohabitations not ending in marriage**

Among adults aged 16 to 59, 38 per cent of first cohabitations lasted for less than two years compared with 50 per cent of second cohabitations. The difference was more marked among men (40 per cent of first cohabitations lasted for less than two years compared with 56 per cent of second cohabitations) than among women (37 per cent compared with 44 per cent).

First cohabitations that did not end in marriage tended to be longer than second cohabitations. Among adults aged 16 to 59 who have cohabited, the average length of time for the first cohabitation not ending in marriage was 45 months compared with 34 months for the second cohabitation.

[Table 5.15](#)

## References

- 1 Beaujouan, É & Ní Bhrolcháin, M (2011), 'Cohabitation and marriage in Britain since the 1970s', *Population Trends* 145, Autumn 2011, Office for National Statistics:  
[www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--145--autumn-2011/index.html](http://www.ons.gov.uk/ons/rel/population-trends-rd/population-trends/no--145--autumn-2011/index.html)
- 2 ONS (2010), Cohabitation Estimates, England and Wales release, available at:  
[www.ons.gov.uk/ons/rel/family-demography/cohabitation-estimates--england-and-wales/cohabitation-estimates/index.html](http://www.ons.gov.uk/ons/rel/family-demography/cohabitation-estimates--england-and-wales/cohabitation-estimates/index.html)
- 3 ONS (2011), Population Estimates by Marital Status, Mid-2010, available at:  
[www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-by-marital-status/mid-2010/index.html](http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-by-marital-status/mid-2010/index.html)

# Chapter 6: Occupational and personal pension schemes

# Occupational and personal pension schemes

The General Household Survey (GHS) has included questions on occupational pensions on a regular basis since 1981 and on personal pensions since the late 1980s. The General Lifestyle Survey (GLF) continues to include these questions. This chapter provides information on occupational and personal pensions for employees and also considers the pension arrangements of the self-employed. The chapter presents both trends over time and detailed data for the 2010 survey year.

## How the data are used and their importance

GLF and GHS data on pension participation are used by a number of policy departments, including the Department for Work and Pensions (DWP), HM Treasury (HMT) and HM Revenue and Customs (HMRC). The departments use the GLF to monitor and evaluate current policy and policy reforms, and to assist future policy development. Recent policy developments, for which the GLF has been one of a number of important sources, include the Government's review of the 2012 workplace pension reforms<sup>1</sup>, as set out in the Pensions Act 2008<sup>2</sup>.

The wealth of information collected on the GLF gives pensions analysts and policy makers information about the groups of the population who are not making adequate pension provisions. For example, the survey provides pension participation rates by age, gender, income band, employment status and employment sector.

## Other sources for pension statistics

This chapter aims to provide a summary of the results from the GLF and GHS. However, the GLF is just one of many sources for pension statistics. A more comprehensive picture of pensions is given in the ONS publication [Pension Trends](#)<sup>3</sup>. *Pension Trends* brings together information from a variety of different sources and reports on the many complex issues that shape trends in pension provision in the UK. Such issues include: population change; life expectancy and healthy ageing; the labour market and retirement; and saving for retirement.

## The results

The analysis in this chapter shows results broken down by sex and employment status (full or part-time employment). However, few of the tables and figures show data for men working part time. This is because the sample sizes for men working part time are generally not large enough to provide reliable estimates.

Data are presented for both occupational and personal pension schemes. Occupational pension schemes are schemes provided by employers. Personal pensions may be arranged individually or through an employer, but in either case they are provided by insurance companies. Personal pensions include stakeholder pensions and self-invested personal pensions (SIPPs). If they are facilitated by an employer, they are known as group personal pensions (GPPs), group stakeholder pensions or group SIPPs.

## Pension arrangements for employees

In 2010 around three-fifths of full-time employees (61 per cent of men and 60 per cent of women) were currently members of a pension scheme. Among part-time women employees, 43 per cent were currently members of a pension scheme. Younger employees (those under the age of 25) were the least likely to be a member of a current pension scheme. Among male employees aged 18 to 24 working full time, 26 per cent were in a current pension scheme compared with 52 per cent or more in the older age groups (25 to 34, 35 to 44, 45 to 54, and 55 years and over).

[Table 6.1](#)

Pension scheme membership also varies by socio-economic status. The socio-economic classification (NS-SEC) used in this report is based on information about people's occupation and employment status (please see *Appendix A, Definitions and terms* for further information). Employees in the managerial and professional group were most likely to be current members of a pension scheme, with those in the routine and manual group least likely to be a member of a scheme. Among men working full time, 74 per cent of those in the managerial and professional group belonged to a pension scheme compared with 64 per cent in the intermediate group and 44 per cent in the routine and manual group. For women working full time the figures were: 73 per cent in the managerial and professional group; 57 per cent in the intermediate group; and 39 per cent in the routine and manual group. Similarly, for women working part time the figures were: 65 per cent; 57 per cent; and 32 per cent respectively.

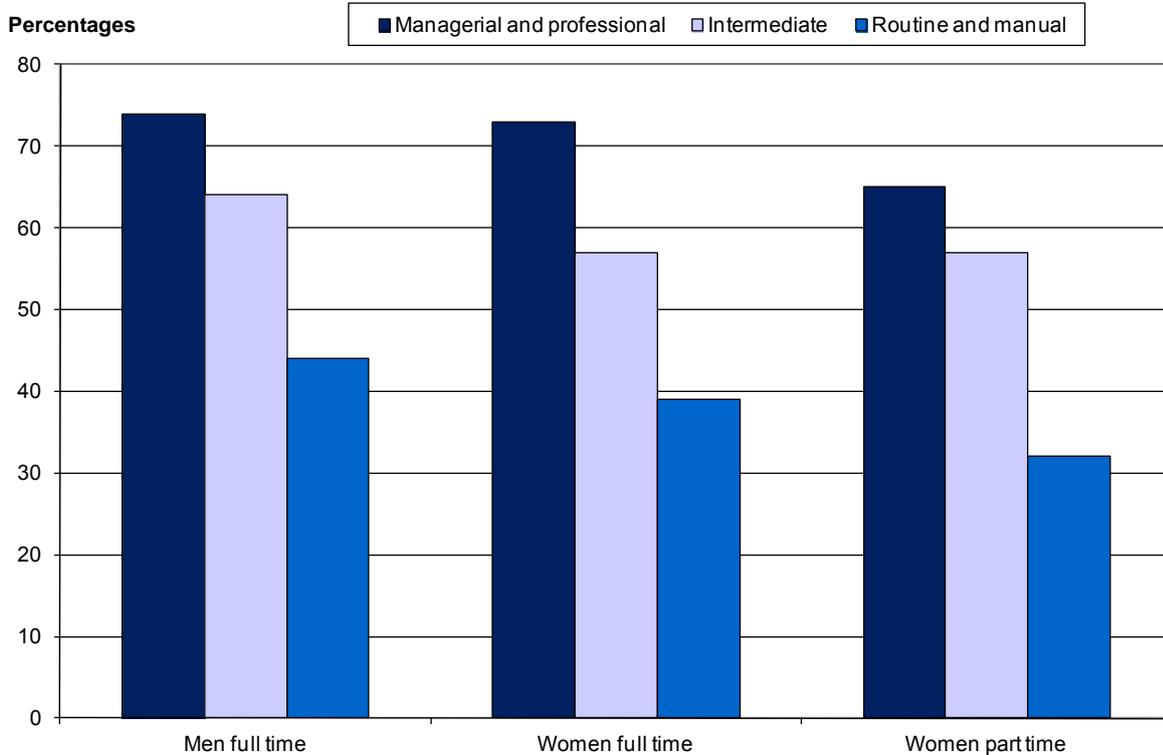
[Table 6.4, Figure 6.1](#)

Employees in the higher 'usual gross weekly' earnings groups were generally more likely to belong to a pension scheme than employees with lower earnings. Among employees working full time, 83 per cent of men and 87 per cent of women with usual gross weekly earnings of more than £600 belonged to a pension scheme. In contrast, for male and female full-time employees earning between £100 and £200 per week, the percentages were 19 per cent and 30 per cent respectively.

[Table 6.6](#)

Figure 6.1 **Current pension scheme membership<sup>1</sup> by sex and socio-economic classification, 2010**

Great Britain



1 Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible.

Source: General Lifestyle Survey, Office for National Statistics

## Membership of occupational pensions

Occupational pensions are the most common type of pension arrangement for employees and are the focus of this section. They do not include group personal pensions, group stakeholder pensions or group self-invested personal pensions which are based on individuals entering into a contract with an external pension provider in the form of an insurance company.

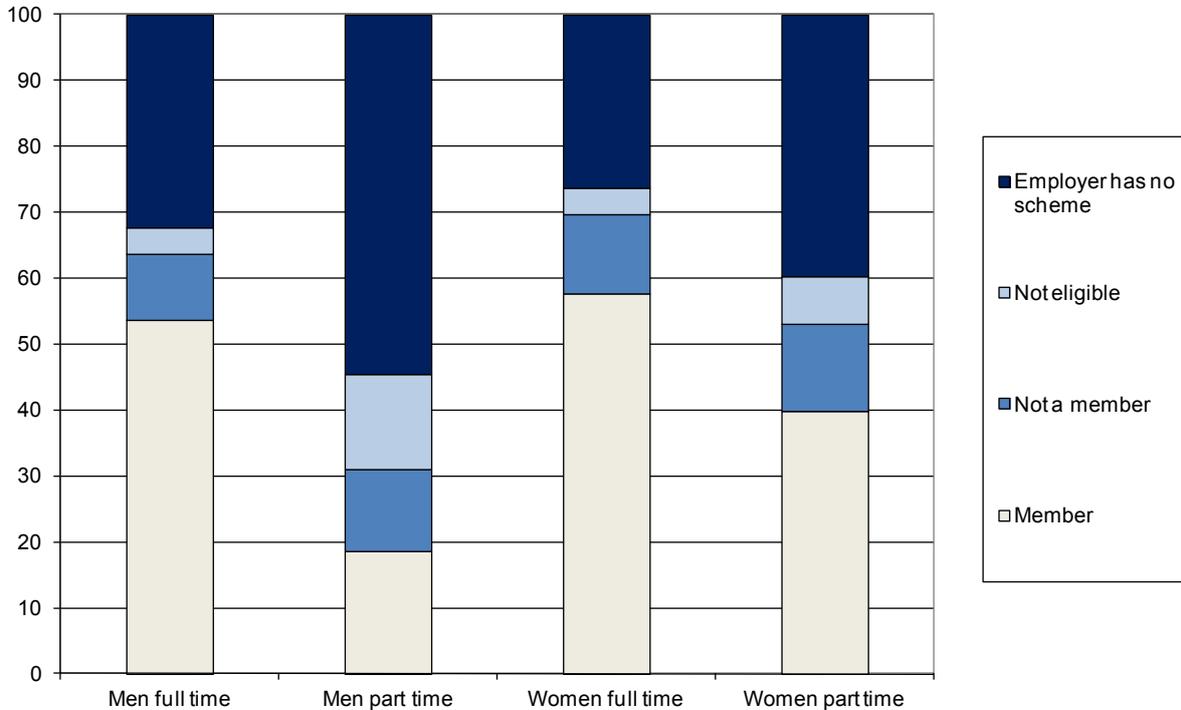
In 2010, 64 per cent of men and 67 per cent of women said that their present employer had an occupational pension scheme. Membership of such schemes varied by sex and work status (full time or part time employment). Employees who worked full time were more likely than those working part time to say that their present employer had a pension scheme; 67 per cent of men working full time compared with 44 per cent of men working part time, and 74 per cent of women working full time compared with 59 per cent of women working part time.

[Table 6.2](#), [Figure 6.2](#)

**Figure 6.2 Membership<sup>1</sup> of current employer's occupational pension scheme by sex and whether working full time or part time, 2010**

Great Britain

Percentages



1 Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible.

Source: General Lifestyle Survey, Office for National Statistics

### Trends in membership of occupational pension schemes

Since 1989, trends in participation in occupational pension schemes have differed for men and women and for those working part time and full time.

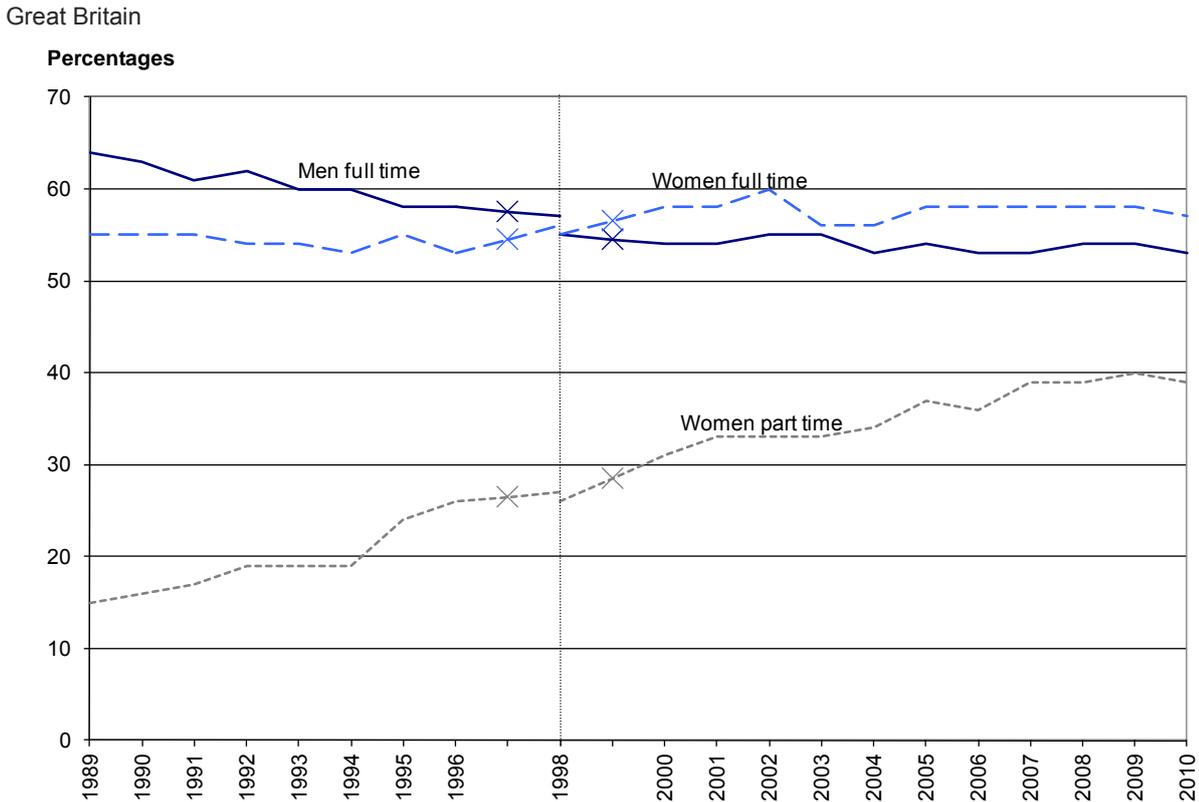
The proportion of men working full time who were members of their current employer's occupational pension scheme decreased from 64 per cent in 1989 to 54 per cent in 2000 and has remained at between 53 per cent and 55 per cent every year since then. In 2010, 53 per cent of men working full time were members of their current employer's occupational pension scheme. The percentage of women working full time who were members of their current employer's occupational pension scheme showed a different pattern, rising from 55 per cent in 1989 to 60 per cent in 2002. In 2010, 57 per cent of women working full time were members of their current employer's occupational pension scheme.

Among women working part time, the proportion who were members of their current employer's occupational pension scheme has increased from 15 per cent in 1989 to 39 per cent in 2010. This

may be partly explained by changes following a European Court of justice ruling in 1995 that made it illegal for pension schemes to exclude part-time workers.

*Table 6.3, Figure 6.3*

**Figure 6.3 Employee<sup>1</sup> membership of current employer's occupational pension scheme: by sex and whether working full time or part time, 1989 to 2010<sup>2,3,4</sup>**



- 1 Employees aged 16 and over, excluding Youth Trainees and Employment Trainees. Membership includes a few people who were not sure if they were in a scheme but thought it possible.
- 2 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
- 3 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
- 4 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

Source: General Lifestyle Survey, Office for National Statistics

### Personal pension arrangements among the self-employed

Personal pensions, in their current form, were first introduced in July 1988, with self-invested personal pensions starting in the early 1990s and stakeholder pensions in April 2001. In 2010, these were the only form of private pension that the self-employed could take out, although some self-employed people were still investing in retirement annuity contracts set up before 1988. The analysis in this section (and Tables 6.12 to 6.14) defines a personal pension to include stakeholder, self invested personal pensions and retirement annuities.

For full time and part time combined, self-employed men were more likely than self-employed women to have a current personal pension arrangement (34 per cent of self-employed men compared with 20 per cent of self-employed women were contributing to a personal pension in 2010). Two-fifths (40 per cent) of self-employed men had never had a personal pension compared with almost three-fifths (59 per cent) of women.

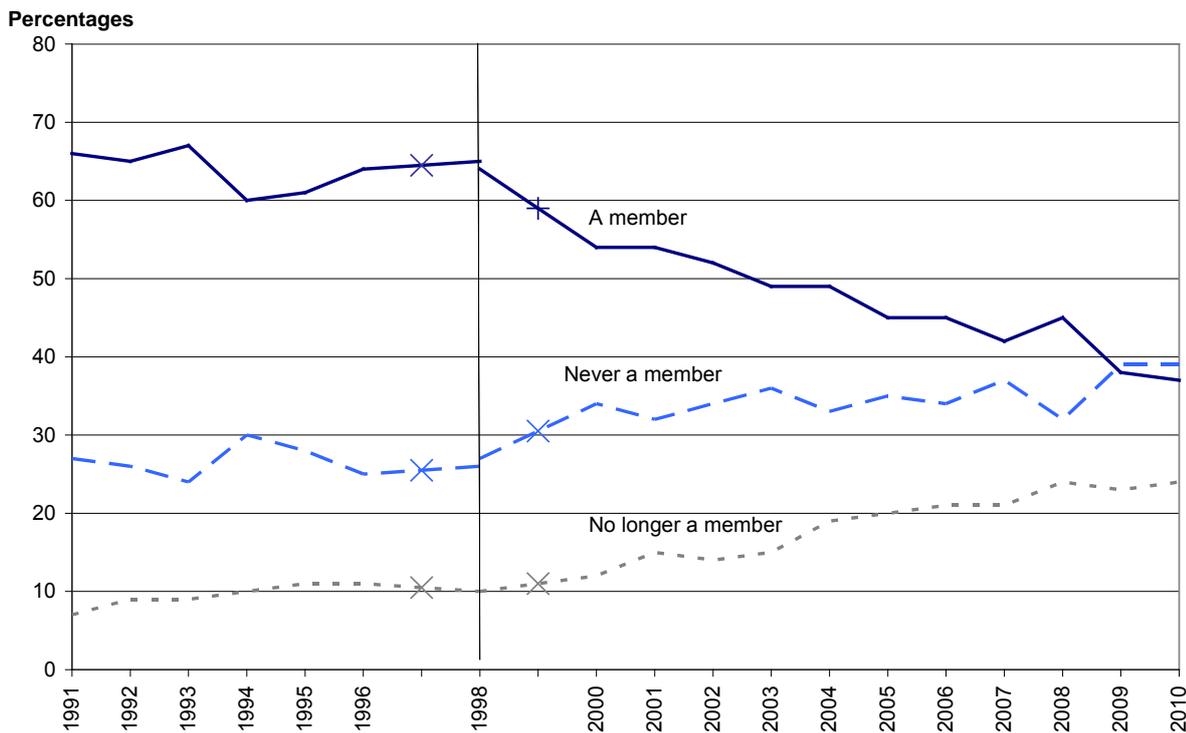
[Table 6.12](#)

Since 1991 the survey has provided trend data on personal pension arrangements among self-employed men. The possession of a current personal pension among self-employed men working full time remained fairly stable between 1991 and 1998 at around two-thirds. Between 1998 and 2010 the proportion with a current personal pension decreased from 64 per cent to 37 per cent.

[Table 6.13](#), [Figure 6.4](#)

**Figure 6.4 Membership of a personal pension scheme<sup>1</sup> for self-employed men working full time, 1991 to 2010<sup>2,3,4</sup>**

Great Britain



- 1 A personal pension is defined to include personal pensions, stakeholder pensions and retirement annuities; personal pensions may include SIPPs
- 2 2005 data includes the last quarter of 2004/05 data as the survey changed from a financial year to a calendar year. Results from 2006 onwards include longitudinal data.
- 3 For 1998 unweighted and weighted data are shown for comparison purposes. Weighted data are not available before this point.
- 4 The survey was not run in 1997/98 or 1999/00. A linear trend has been drawn between the data point before and after these years.

Source: *General Lifestyle Survey, Office for National Statistics*

## References

- 1 Department for Work and Pensions website (2012) for policy information on workplace pension reforms: [www.dwp.gov.uk/policy/pensions-reform/workplace-pension-reforms/](http://www.dwp.gov.uk/policy/pensions-reform/workplace-pension-reforms/)
- 2 Department for Work and Pensions website (2012) for Pensions Act 2008: [www.dwp.gov.uk/policy/pensions-reform/the-pensions-act-2008](http://www.dwp.gov.uk/policy/pensions-reform/the-pensions-act-2008)
- 3 The Office for National Statistics (ONS, 2012) publication *Pensions Trends* draws together statistics from ONS, a number of government departments and other organisations to highlight the complex issues that shape trends in pension provision in the UK: [www.ons.gov.uk/ons/about-ons/our-statistics/publications/pension-trends/index.html](http://www.ons.gov.uk/ons/about-ons/our-statistics/publications/pension-trends/index.html)

# Chapter 7: General Health

# General health

The General Lifestyle Survey (GLF) and its predecessor the General Household Survey (GHS) have included a series of questions on health since 1971. Although periodic changes have been made to the content of the health section, it is possible to monitor changes in health over a 40 year period. This chapter presents information on recent trends over time in self-reported health and data for the 2010 survey year.

## How the data are used and their importance

GLF health data are used by government departments, health organisations and charities to make informed decisions on policies and related programmes and projects. ONS and academic institutes also use the data to conduct research on different aspects of health including: health expectancy; health related risk factors and inequalities in health. The Economic and Social Data Service (ESDS) publish information on the various research projects that have used GLF data. This information can be downloaded from the [ESDS website](#)<sup>1</sup>.

This report includes statistics produced directly from the GLF. However, GLF data are combined with other sources in the computation of key health indicators. For example, self-assessed general health and limiting longstanding illness statistics from the GLF are used in the calculation of official national health expectancies, and experimental health expectancy statistics

National health expectancies have been calculated since 1981 and are updated annually; these data are freely accessible via the ONS website<sup>2</sup>. Experimental health expectancy statistics using GLF survey data are produced on an ad-hoc basis and focus on methodological issues such as health inequalities across areas experiencing differing extents of ecological deprivation. These experimental statistics have featured as published peer-reviewed articles in [Health Statistics Quarterly \(HSQ\)](#)<sup>3</sup>. The final edition of HSQ was published in February 2012 but these peer-reviewed experimental statistics will continue to be published directly on the ONS web-site<sup>4</sup>.

Trends and comparisons of national health expectancies feature routinely in ONS publications such as [Social Trends](#)<sup>5</sup>, [Pension Trends](#)<sup>6</sup>, [United Kingdom Health Statistics](#)<sup>7</sup> and [Focus on Older People](#)<sup>8</sup>. Health expectancies are used by the Department of Health (DH), Department for Work and Pensions (DWP) and the Department for Environment Food and Rural Affairs (DEFRA). DH uses the statistics in monitoring health inequalities and in targeting health resources. DEFRA uses the health expectancy indicators for monitoring progress in Sustainable Development (SD 50) in the UK. DWP uses the statistics as indicators for healthy active living beyond retirement; the data are an important source for understanding life expectancy in the context of healthy aging and inform options for pension reform.

## The results

The analysis in this chapter shows results for self-assessed general health, longstanding illness or disability, acute sickness and details of longstanding health conditions. The results are based on responses from adults aged 16 and over living in private households in Great Britain (excluding institutions, such as nursing homes). Health information is also collected from a responsible adult about all children in the household.

### Self-assessed general health

Self-assessed general health is used as a measure for predicting future health outcomes and is therefore an important source for planning future health services.

In 2008 the self-assessed general health question (relating to health over the previous 12 months) which had three possible responses; 'good', 'fairly good' or 'not good', was replaced with a new question. The new question asks respondents how their health is in general and has five possible responses; 'very good', 'good', 'fair', 'bad' or 'very bad'. The new question was first added to the survey in 2005 and is harmonised with national surveys across the European Union. This section reports on the responses to this question.

It should be noted that to allow comparisons between the two general health questions, both were included on the GHS (and asked of all adults) between 2005 and 2007, with the three-category question asked first. This means that responses during this period may be subject to bias caused by question exposure/order effects, for example, where adults who might have otherwise responded 'very good' to the five-category question, could have responded 'good' in line with the highest category of the three-category question. This might explain the notable change in the percentages between the 'very good' and 'good' categories between 2007 and 2008. Therefore, care should be taken if drawing conclusions concerning this change.

Between 2005 and 2008, the proportion of adults aged 16 and over reporting very good or good general health increased from 75 per cent to 79 per cent and has remained at this level since. The proportion of adults reporting bad or very bad general health ranged from 5 per cent to 7 per cent between 2005 and 2010. In 2010, 39 per cent of adults said their health was very good, 40 per cent reported good health, 15 per cent reported they had fair health, 5 per cent reported they had bad health and 1 per cent said their health was very bad.

[Table 7.1](#)

## Longstanding and limiting longstanding illness or disability

Respondents to the GLF are asked whether they have a longstanding illness, disability or infirmity. Those who report a longstanding illness (which includes any disability or infirmity) are then asked if this limits their activities in any way. Data on longstanding illness and limiting longstanding illness include both adults and children. It should be noted that the estimates are based on the respondents own assessment of their health, or the health of children in their care. Therefore changes over time may reflect changes in people's expectations of their health as well as changes in incidence or duration of sickness. In addition, different sub-groups of the population may have varying expectations, activities and capacities of adaptation.

Results in this section are presented from 2006, reflecting the first year of the longitudinal component of the survey. Commentary on trends prior to 2006 can be found in earlier editions of the GLF/GHS reports (available to download from the ONS website).

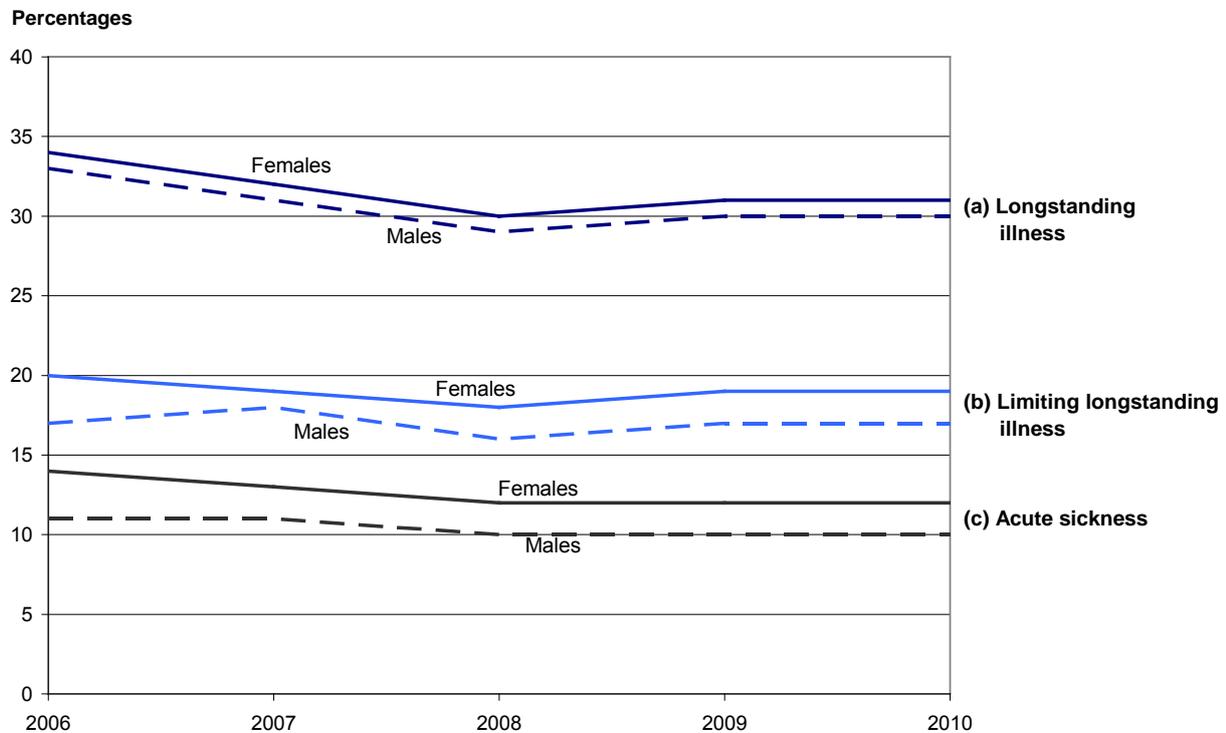
Over the five year period from 2006 to 2010 there was a three percentage point fall in the prevalence of longstanding illness among both males and females. In 2006, 33 per cent of males and 34 per cent of females reported having a longstanding illness compared with 30 per cent of males and 31 per cent of females in 2010. Over the same period there was only a marginal fall in the proportion of males and females (combined) with a limiting long-standing illness – 19 per cent in 2006, compared to 18 per cent in 2010.

In 2010, as in all previous years, the prevalence of both longstanding and limiting longstanding illness increased with age. This increase was particularly marked among those aged 45 and over. The 45 to 64 age group were more than twice as likely (41 per cent) to report a longstanding illness than those aged 16 to 44 (19 per cent). Among those aged 65 to 74, 56 per cent reported a longstanding illness compared with 68 per cent of those aged 75 and over. The proportions reporting a limiting longstanding illness were: 11 per cent (aged 16 to 44); 23 per cent (aged 45 to 64); 34 per cent (aged 65 to 74); and 48 per cent (aged 75 and over).

**[Table 7.2](#); [Figure 7.1](#)**

**Figure 7.1 Percentage of males and females reporting (a) longstanding illness (b) limiting longstanding illness (c) acute sickness, 2006 to 2010<sup>1</sup>**

Great Britain



<sup>1</sup> Results for 2006 to 2010 include longitudinal data

Source: General Lifestyle Survey, Office for National Statistics

Prevalence of both longstanding and limiting longstanding illness varies by the socio-economic status of the Household Reference Person (HRP). The socio-economic classification (NS-SEC) used in this report is based on information about occupation and employment status (see [Appendix A, Definitions and terms](#) for further information). [Tables 7.4 to 7.6](#) present data using NS-SEC and three main groupings: managerial and professional, intermediate, and routine and manual occupations.

In 2010 people living in households where the HRP was in a routine or manual occupation group had the highest prevalence of longstanding illness (34 per cent of males and 36 per cent of females). They were followed by the intermediate group (30 per cent of males and 33 per cent of females) and the managerial and professional group (26 per cent of both males and females). The difference between people in households with the HRP in intermediate occupation groups compared to people in households with the HRP in managerial and professional occupation groups was only statistically significant for males.

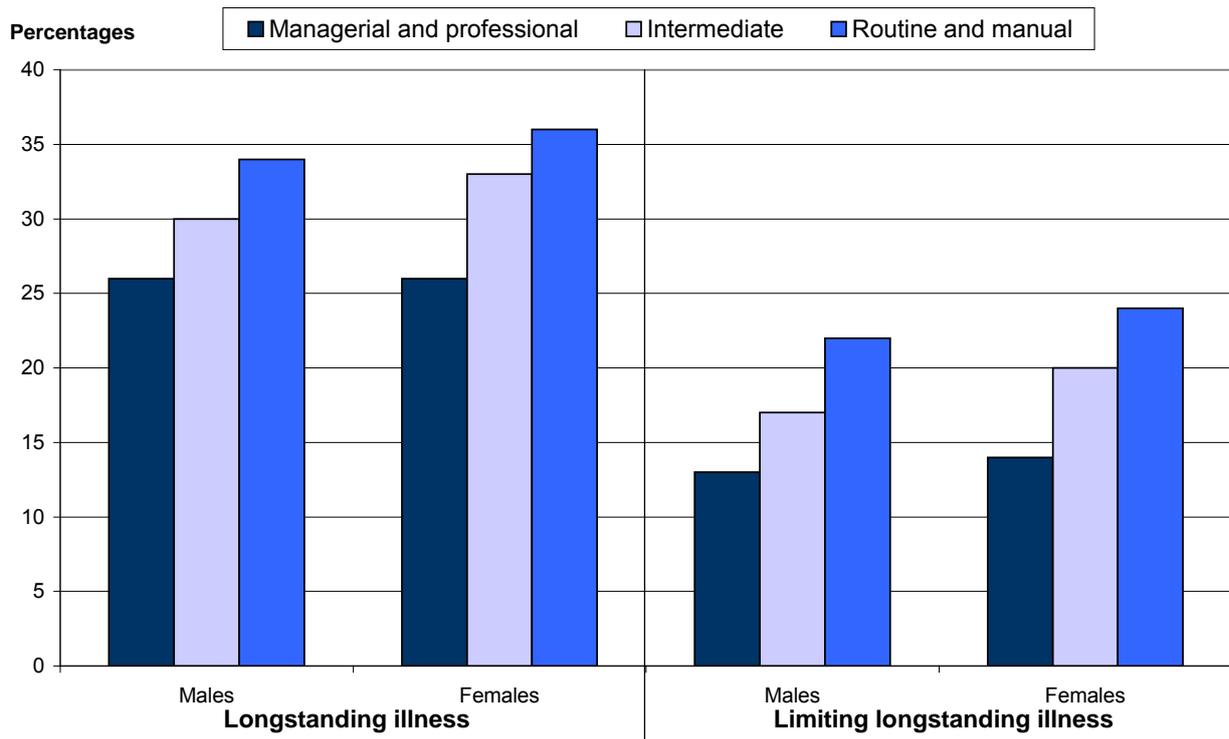
A similar trend was evident among people who reported a limiting longstanding illness. Males and females living in households where the HRP was in a routine and manual occupation group were most likely to report a limiting longstanding illness (22 per cent of males and 24 per cent of

females); followed by the intermediate group (17 per cent of males and 20 per cent of females); and the managerial and professional group (13 per cent of males and 14 per cent of females).

[Tables 7.4 and 7.5](#); [Figure 7.2](#)

**Figure 7.2 Prevalence of longstanding and limiting longstanding illness by sex and socio-economic classification of household reference person, 2010**

Great Britain



Source: *General Lifestyle Survey, Office for National Statistics*

Table 7.10 presents results by Government Office Region. The southernmost regions of England generally had lower prevalence of longstanding and limiting longstanding illness than the northernmost regions. In the North East and North West of England, 36 per cent of people reported having a longstanding illness in 2010, compared with 25 per cent in London, 28 per cent in the South East and 31 per cent in the South West. A similar picture was apparent for limiting longstanding illness. In the North East, 24 per cent of people reported having a limiting longstanding illness and 21 per cent of people in the North West. This compares with 15 per cent of people in London and 16 per cent in the South East. Due to the small sample sizes many of the regional differences were not statistically significant.

[Table 7.10](#)

## Acute Sickness

Acute sickness is defined as any illness or injury that has caused a person to cut down on their normal activities in the last two weeks. Data on acute sickness were collected for both adults and children.

Over the most recent five year period, the proportion of people reporting acute sickness decreased from 13 per cent in 2006 to 11 per cent in 2010. As in previous years, the prevalence of acute sickness in 2010 was greater for females (12 per cent) than for males (10 per cent). Those in households where the HRP was in a routine or manual occupation group were more likely than those in households where the HRP was in the managerial and professional group to report an acute sickness (11 per cent of males and 13 per cent of females, compared with 9 per cent of males and 10 per cent of females).

Respondents who reported an acute sickness were also asked how many days their activities were restricted for. The average number of restricted activity days per person per year due to illness or injury generally increased with age. In 2010 people aged 65 to 74 had (on average) more than twice as many restricted activity days per year (39 days) than those aged 16 to 44 (18 days). Working men and women had (on average) far fewer days restricted activity per year (23 days for men and 25 days for women) than men and women who were economically inactive (59 days for men and 52 days for women).

[Tables 7.2, 7.3, 7.6 and 7.7](#)

## Details of longstanding conditions

Respondents aged 16 and over who reported a longstanding illness or condition were asked to provide further details in order that their illness and/or condition could be classified according to chapter headings of the International Classification of Diseases (ICD-10). This classification is based on the symptoms of the illness or condition, rather than the cause.

Similar to previous years of the survey, the most common conditions reported in 2010 were musculoskeletal problems (128 per 1,000) and conditions of the heart and circulatory system (109 per 1,000). Women were more likely than men to report musculoskeletal problems (152 per 1,000 compared with 104 per 1,000). This was largely due to differences in rates of arthritis and rheumatism (84 per 1,000 for women and 45 per 1,000 for men).

For the majority of longstanding conditions there was a higher prevalence amongst older compared to younger people. A condition of the musculoskeletal system was reported at a rate of 47 per 1,000 for those aged 16 to 44, compared with a rate of 329 per 1,000 for those aged 75 and over. While 18 per 1,000 people in the 16 to 44 age group reported a heart and circulatory system condition, the corresponding rate among those aged 75 and over was 333 per 1,000. The notable exceptions were mental disorders – a rate of 37 and 40 per 1,000 for those aged 16 to 44 and 45

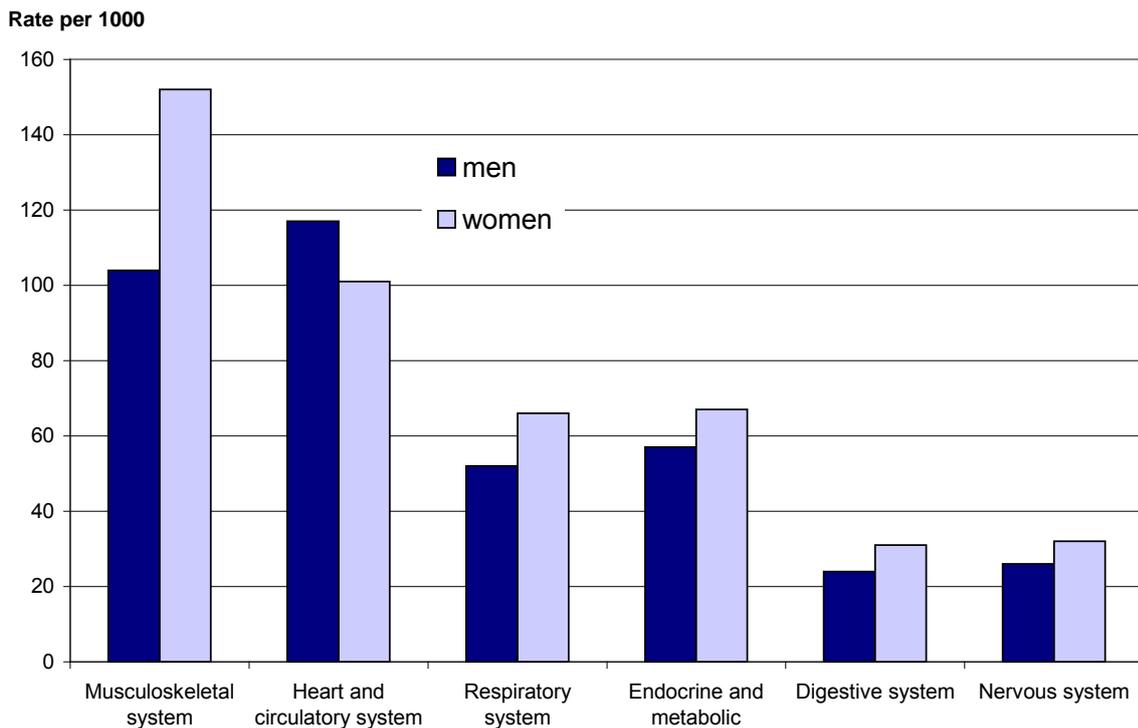
to 64 respectively, compared with a rate of 15 and 18 per 1,000 for those aged 65 to 74 and 75 and over respectively; and also skin complaints.

Prevalence of longstanding conditions varied by the socio-economic status of the Household Reference Person (HRP). Adults in households where the HRP was in the managerial and professional occupational grouping had the lowest rate of musculoskeletal (88 per 1,000) and heart and circulatory (84 in 1,000) problems. Adults in households where the HRP was in the semi-routine and routine grouping were the most likely to report a musculoskeletal condition (184 in 1,000). Of all those reporting a longstanding illness, adults in households where the HRP was in the managerial and professional group reported the lowest average number of conditions 1.45, compared with 1.62 in the Intermediate group and 1.72 in the semi-routine and routine group.

[Tables 7.11, 7.12, 7.14 and 7.15](#); **Figure 7.3**

**Figure 7.3** Rate per 1000 reporting longstanding condition groups, by sex, 2010

Great Britain



Source: General Lifestyle Survey, Office for National Statistics

## References

- 1 The Economic and Social Data Service webpage on the usage of the General Lifestyle Survey (2011): [www.esds.ac.uk/government/ghs/usage/](http://www.esds.ac.uk/government/ghs/usage/)
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- 8 ONS (2011) Focus on Older people release, available at: [www.ons.gov.uk/ons/search/index.html?newquery=Focus+On+Older+People](http://www.ons.gov.uk/ons/search/index.html?newquery=Focus+On+Older+People)

# Overview tables

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# Notes to tables

1. **Harmonised outputs:** where appropriate, tables including marital status, living arrangements, ethnic groups, tenure, economic activity, accommodation type, length of residence and general health have adopted the harmonised output categories described on the Office for National Statistics website. However, where long established time series are shown, harmonised outputs may not have been used.
2. **Classification variables:** variables such as age and income are not presented in a standard form throughout the report partly because the groupings of interest depend on the subject matter of the chapter, and partly because many of the trend series were started when the results used in the report had to be extracted from tabulations prepared to meet different departmental requirements.
3. **Non-response and missing information:** the information from a household which co-operates in the survey may be incomplete, either because of a partial refusal (for example, to income); or because information was collected by proxy and certain questions omitted if considered inappropriate for proxy interviews (for example, marriage and cohabitation data); or because a particular item was missed because of lack of understanding or an error.

Households that did not co-operate at all are omitted from all the analyses; those who omitted whole sections (for example, marriages) because they were partial refusals or interviewed by proxy are omitted from the analyses of that section. The 'no answers' arising from the omission of particular items have been excluded from the base numbers shown in the tables and from the bases used for percentages. Socio-economic classification and income variables are the most common variables which have too many missing answers to ignore.

4. **Base numbers:** The reliability of estimates with a small base was investigated. Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.
5. **Rounding:** Individual figures (including the base numbers) have been rounded independently. The sum of component items does not therefore necessarily equal the totals shown.
6. **Percentages:** A percentage may be quoted in the text for a single category that is identifiable in the tables only by summing two or more component percentages. In order to avoid rounding errors, the percentage has been recalculated for the single category and therefore may differ by one percentage point from the sum of the percentages derived from the tables.

The row or column percentages may add to 99% or 101% because of rounding.

7. **Conventions:** The following conventions have been used within tables:

.. data not available  
- category not applicable  
**0** less than 0.5% or no observations

8. **Statistical significance:** Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant at the 95 per cent confidence level.
9. **Weighting:** Percentages and averages presented in the tables are based on data weighted to compensate for differential non-response. Both the unweighted and weighted bases are given. The unweighted base represents the number of people / households interviewed in the specified group. The weighted base gives an estimate in thousands.

Trend tables show unweighted and weighted figures for 1998 to give an indication of the effect of the weighting.

Missing answers are excluded from the tables and in some cases this is reflected in the weighted bases, that is, these numbers vary between tables. For this reason, the bases themselves are not recommended as a source for population estimates.

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# Reference to technical appendices

The General Lifestyle Survey is supported by a number of technical appendices that provide information about the methodology that is used on the survey.

## **A. Definitions and Terms**

## **B. Sample Design and Response**

## **C. Sampling Errors**

## **D. Weighting**

## **E. Household and Individual Questionnaires**

## **F. Summary of main topics included in GHS/GLF questionnaires: 1971 to 2010**

The appendices can be accessed via the ONS website:

<http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/index.html>